

Financial Year
2024-25

Quality Dashboard

This document provides a high level summary of the performance measures stemming from the Integrated Quality and Performance Tracker.

The purpose of this report is to present to the Board a thematic review of the performance for a select number of indicators for the last 24 months including Statistical Process Control charts (SPC) with upper and lower control limits.

Reporting Month:

Jan-25

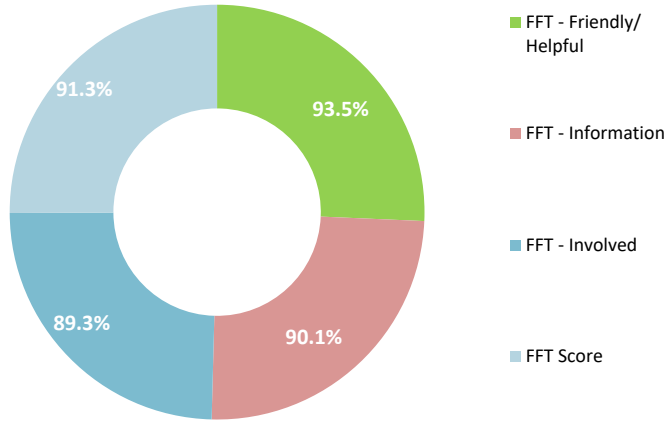
Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

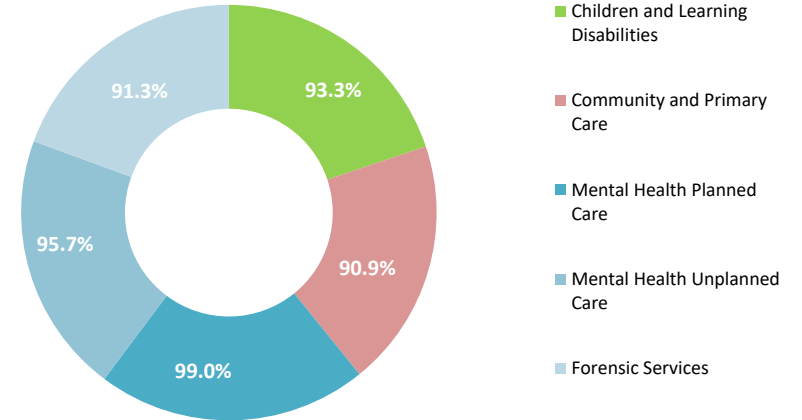
Caring, Learning and Growing



Friends and Family Year to Date Satisfaction Results



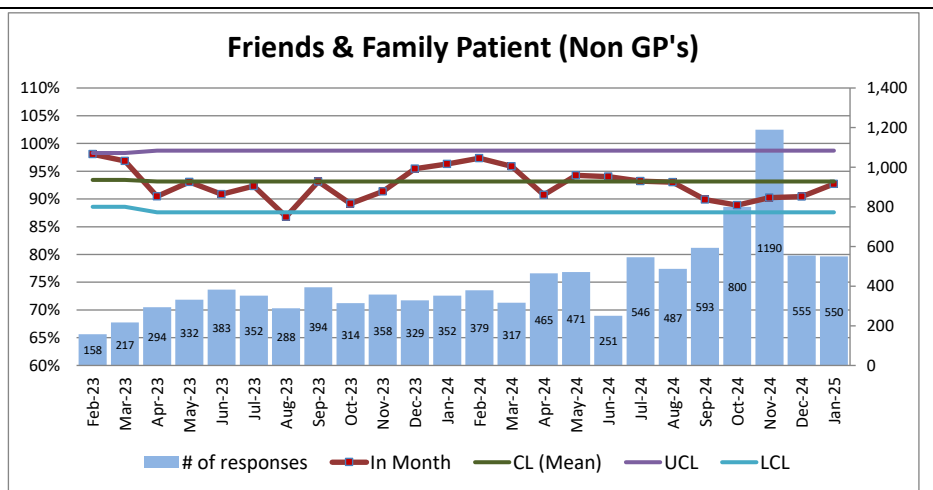
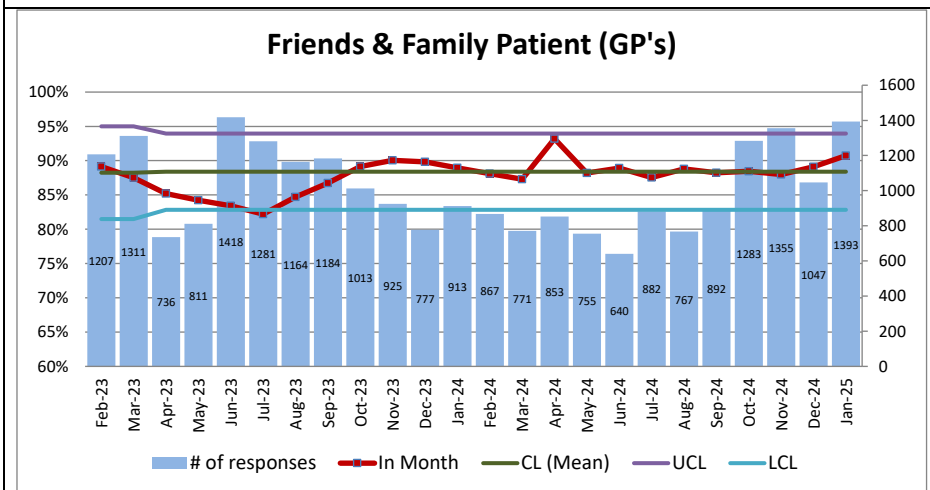
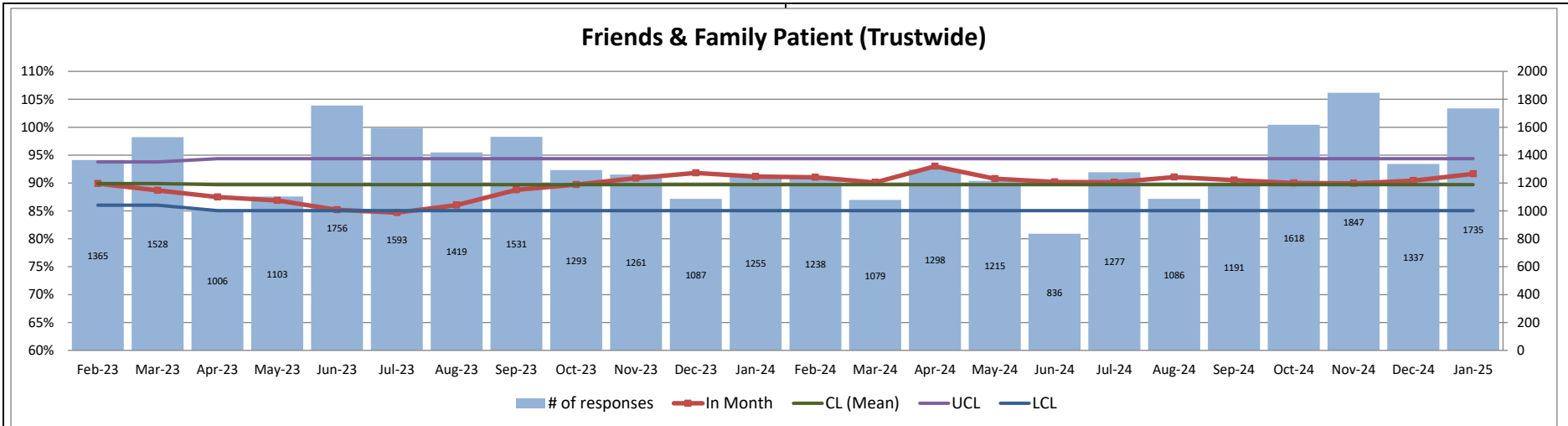
Friends and Family Satisfaction by Division Current Month



Overall Experience Score for CMHT (Community Mental Health Team) Patient Survey - 2023	National Benchmark (Upper Quartile)
	67%
	Trust Result
	68.4%

Quality Dashboard

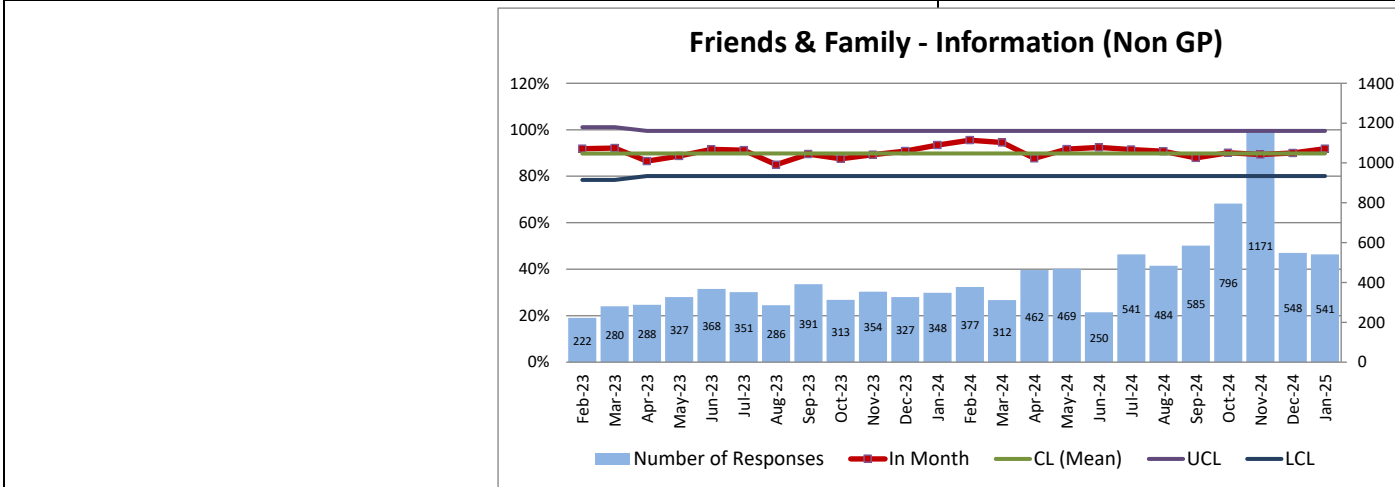
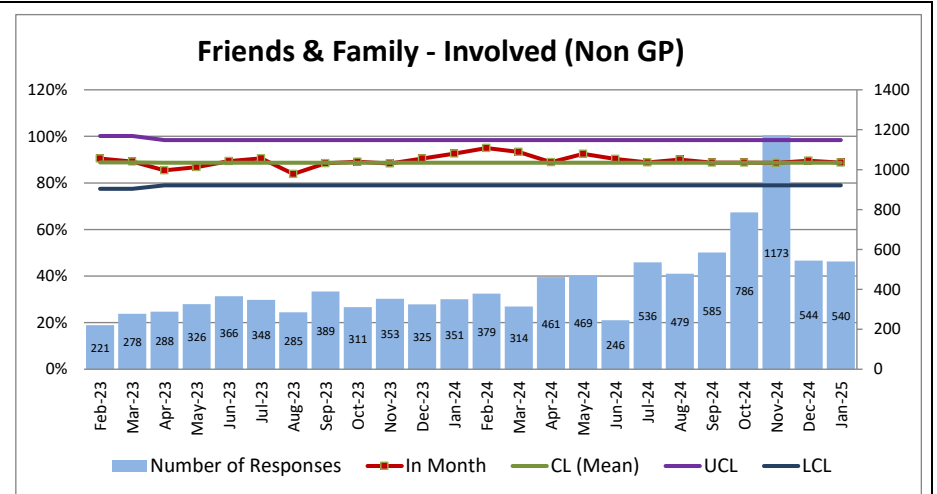
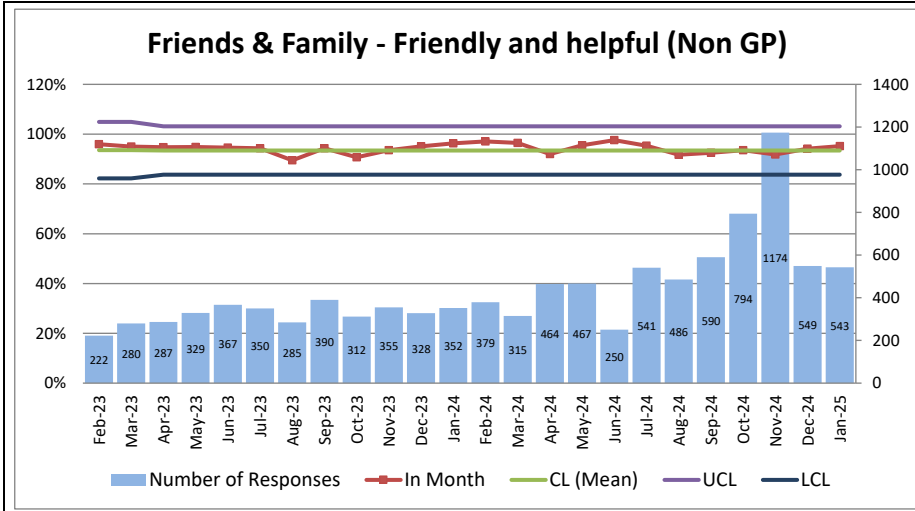
Section 1.1.1 Patient / Carer Experience - Trustwide / GP / Non GP Services Friends and Family



Quality Dashboard

Section 1.1.2 Patient / Carer Experience - Core Questions (Non GP Services)

Friends and Family

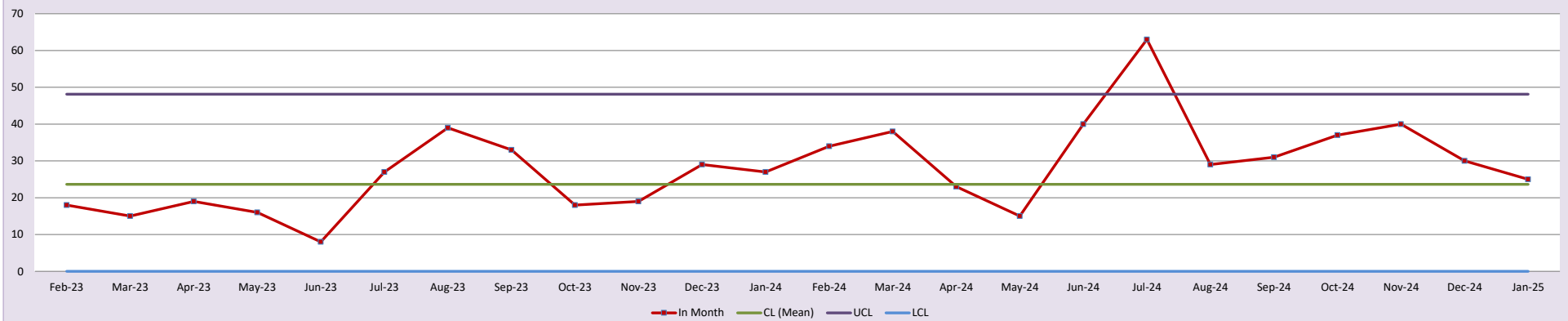


Quality Dashboard

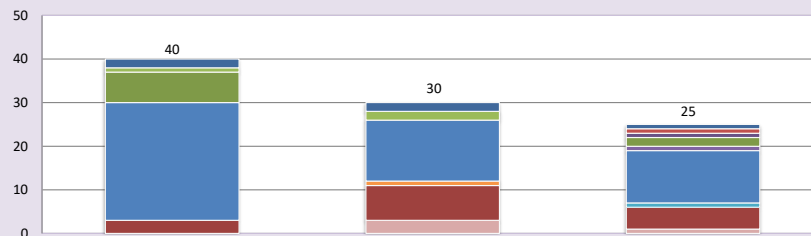
Section 1.2 Patient / Carer Experience

Overall Trust Position

Compliments Received (24 month rolling period)



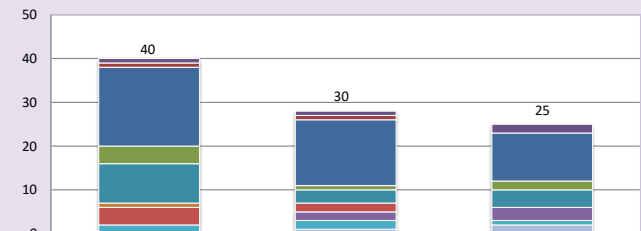
Compliments by Theme



Theme	Nov-24	Dec-24	Jan-25
Access to care	2	2	1
Admission and Discharge	0	0	0
Appointments	0	0	1
Carer involvement	1	2	0
Communications	0	0	1
End of Life Care	7	0	2
Facilities	0	0	1
Patient Care/Treatment	27	14	12
Prescribing	0	1	0
Privacy, dignity and wellbeing	0	0	1
Trust admin policies/procedures	0	0	0
Values and Behaviours of staff	3	8	5
Waiting times	0	0	0
Other	0	3	1

Patient Experience Indicators	Nov-24	Dec-24	Jan-25
Eliminating Mixed Sex Accommodation	0	0	0
Duty of Candour Compliance	100%	100%	100%

Compliments by Sub Sub Type



Sub Sub Type	Nov-24	Dec-24	Jan-25
Caring	1	1	2
Friendly	1	1	0
General thank you	18	15	11
Going the extra mile	4	1	2
Kindness, Compassion and Empathy	9	3	4
Knowledgeable	1	0	0
Listening and understanding	4	2	0
Professional	0	2	3
Responsive	2	2	1
Welcoming	0	1	2

Quality Dashboard

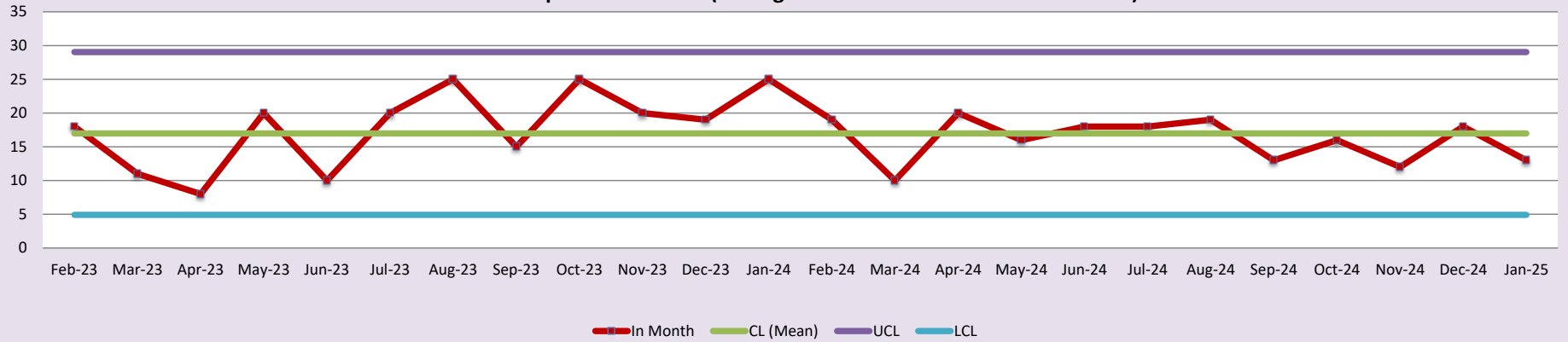
Domain

Section 1.3.1

Patient / Carer Experience

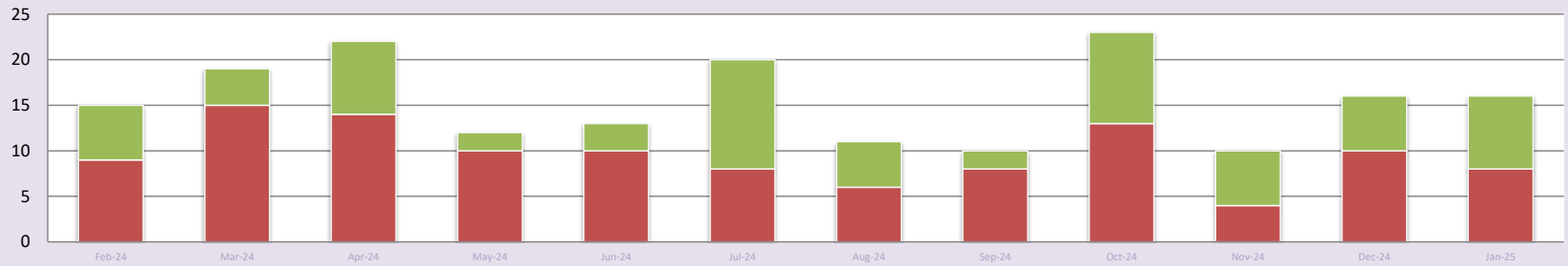
Overall Trust Position

Formal Complaints Received (Rolling 24 months - Refreshed each month)



■ In Month ■ CL (Mean) ■ UCL ■ LCL

Complaints Responded To - Upheld Split (Current Year)



■ Complaints Not Upheld
■ Complaints Upheld Fully/Partly

	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Complaints Not Upheld	6	4	8	2	3	12	5	2	10	6	6	8
Complaints Upheld Fully/Partly	9	15	14	10	10	8	6	8	13	4	10	8

Quality Dashboard

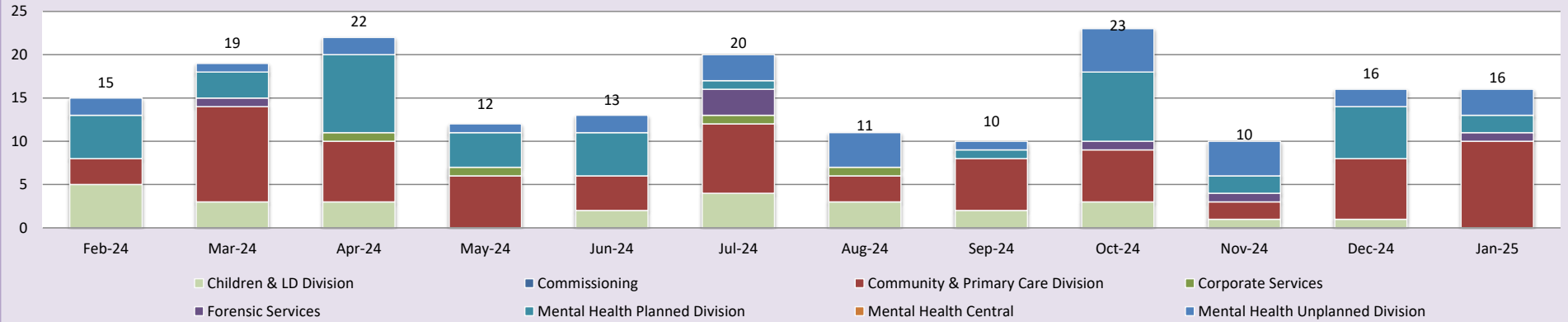
Domain

Section 1.3.1

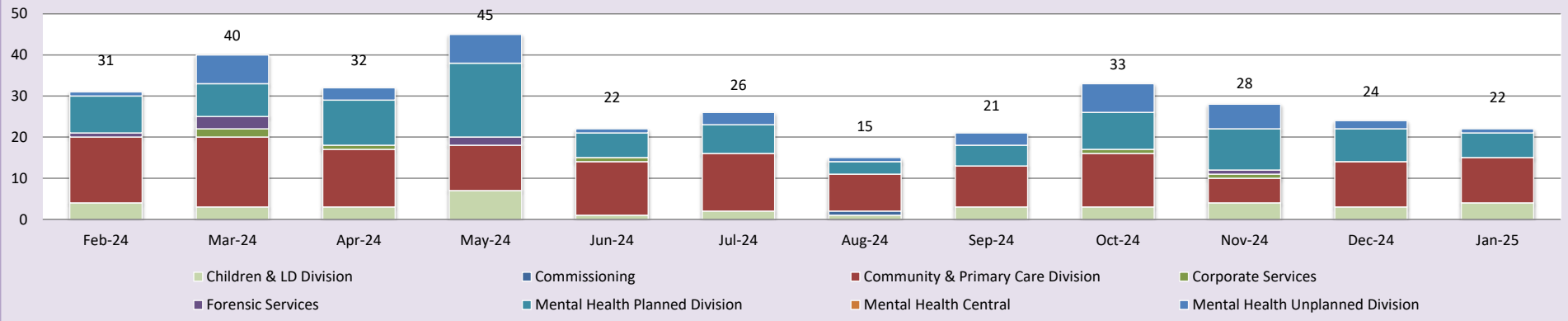
Patient / Carer Experience

Overall Trust Position

Formal Complaints Responded To - Divisional Split



Informal Complaints Responded To - Divisional Split



Withdrawn Complaints

Formal Complaints Withdrawn
Informal Complaints Withdrawn

	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Formal Complaints Withdrawn	0	0	1	0	1	1	0	0	1	0	2	0
Informal Complaints Withdrawn	0	0	0	0	0	0	0	0	1	0	0	0

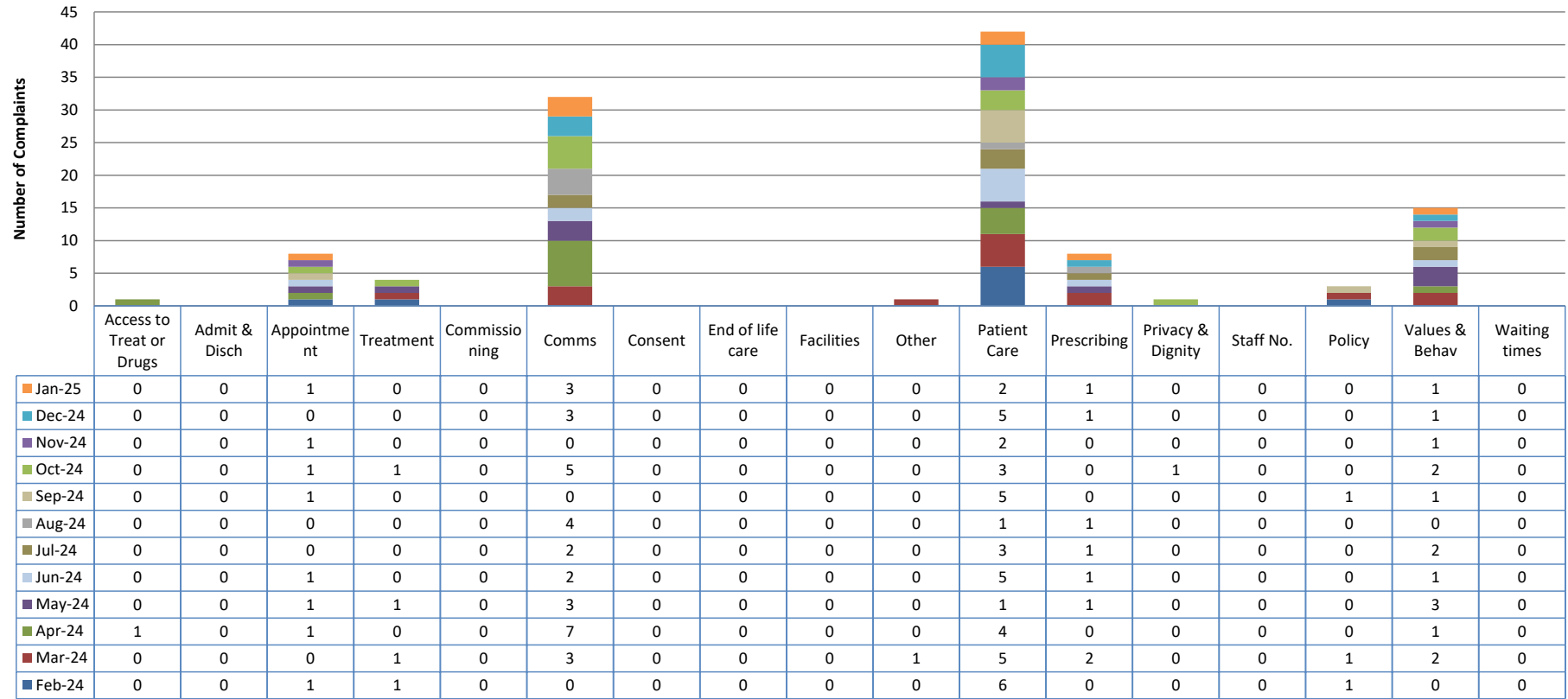
Quality Dashboard

Domain

Section 1.3.2 Complaints Themes

Overall Trust Position

Formal Complaints Upheld (Partly/Fully) by Theme - Trustwide



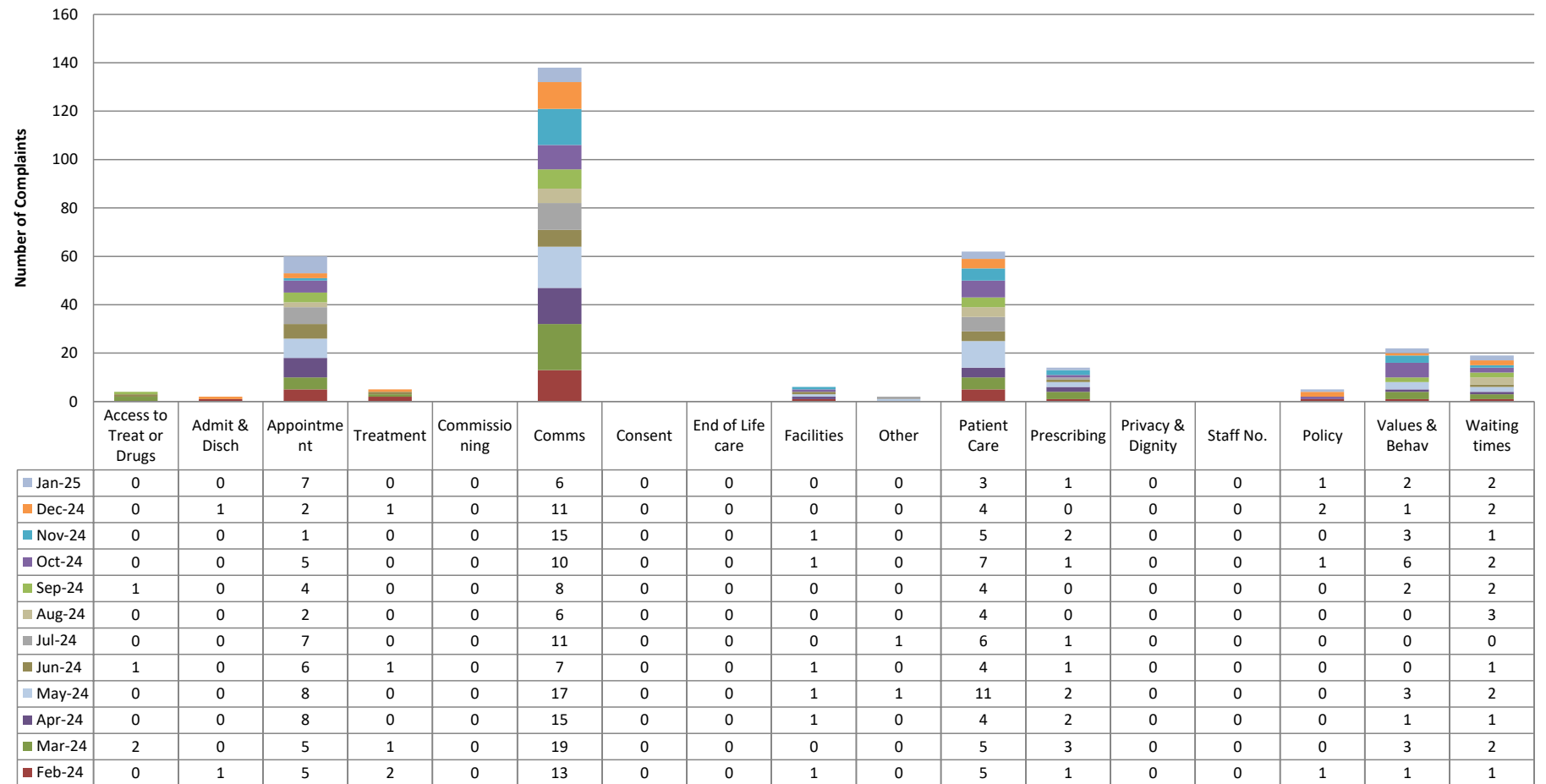
Quality Dashboard

Domain

Section 1.3.2 Complaints Themes

Overall Trust Position

Informal Complaints by Theme - Trustwide



Quality Dashboard

Domain

Section 1.3.3

Formal Complaints Upheld by Team (24 month rolling)

Overall Team Position

Due to the number of teams involved over the 24 month rolling period, only teams with TWO OR MORE complaints are shown here

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Rolling Total
Humber Primary Care Practice	0	3	2	4	0	4	3	2	8	6	2	2	0	3	1	4	0	2	1	1	1	1	3	1	54
Market Weighton Practice	0	0	0	1	0	1	1	0	0	1	0	1	1	2	3	0	2	0	1	0	3	0	1	3	21
Mental Health Crisis Intervention	1	0	0	1	0	1	1	1	1	0	2	1	0	0	1	1	0	1	0	0	0	1	1	1	15
Hull CMHT - Management, Non Clinical and Psychology	0	0	0	1	1	2	0	0	1	0	0	0	0	0	3	1	0	0	0	0	3	0	2	0	14
King Street Medical Centre	1	0	0	0	0	0	0	0	0	0	0	2	0	3	0	2	0	1	0	3	0	0	0	1	13
Hull CMHT - Clinical	0	0	0	0	0	0	0	1	0	1	0	0	1	2	3	0	0	0	0	0	1	0	0	0	9
Westlands Unit Nursing	0	1	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	1	1	0	0	6
Beverley and Haltemprice OP CMHT	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	1	0	2	0	5
Community Core Team - Rivendell	0	0	1	0	0	0	1	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	5
Scarborough Core	0	0	1	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	5
Hull and East Riding CAMHS	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	4
Neuro Front Door	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0	1	0	0	0	4
Specialist Psychotherapy Service	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	4
Whitby Core	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	4
CAMHS Crisis	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	3
Hull Community Learning Disability	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0	0	3
Avondale - Wards	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Beverley Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	2
CYP Autism and ADHD Service	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
ER Talking Therapies	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2
Facilities Management	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	2
Haltemprice Mental Health	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2
Hull and ER - Triage and Assessment	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	2
Humber - Recovery Support Team - EIP	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	2
Mill View Court Adult	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2
Miranda House - PICU	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2
Newbridges Residential Unit	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Pocklington Core	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	2
Total	6	5	5	9	2	13	9	5	14	9	6	7	7	14	13	10	8	7	4	7	13	4	10	6	193

Quality Dashboard

Domain

Section 1.3.4

Informal Complaints Responded to by Team (24 month rolling)

Overall Team Position

Due to the number of teams involved over the 24 month rolling period, only teams with TWO OR MORE complaints are shown here

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Rolling Total
Humber Primary Care Practice	8	8	9	1	7	5	15	9	11	7	7	8	4	6	5	4	7	4	7	3	8	2	6	7	158
Hull CMHT - Management, Non Clinical and Psychology	2	2	2	3	4	3	1	4	3	3	4	0	4	2	4	7	2	2	3	4	4	7	3	2	75
King Street Medical Centre	2	1	1	1	3	0	1	1	4	3	2	1	9	6	4	4	3	3	1	3	0	2	3	2	60
Market Weighton Practice	1	4	3	1	4	1	1	4	2	2	1	3	1	4	3	3	2	4	1	3	5	0	1	2	56
Mental Health Crisis Intervention	0	1	3	0	7	4	3	0	2	2	2	1	0	6	2	3	0	0	0	2	4	4	0	0	46
Hull CMHT - Clinical	0	0	1	2	3	1	0	1	1	0	0	2	1	3	3	5	2	3	0	1	1	1	1	2	34
CYP Autism and ADHD Service	2	4	1	4	3	1	0	0	0	0	1	1	1	1	0	1	0	0	0	1	0	0	0	1	22
Community Core Team - Rivendell	2	0	0	0	0	2	1	1	1	0	0	1	1	0	1	1	0	0	0	0	0	0	1	0	12
ER Talking Therapies	0	0	0	0	0	1	0	1	1	0	1	0	3	3	0	2	0	0	0	0	0	0	0	0	12
Neuro Front Door	0	1	0	1	1	0	0	0	1	2	0	0	1	0	1	1	0	0	0	0	1	0	0	1	11
Hull and ER - Triage and Assessment	0	0	0	1	0	0	0	0	1	1	0	0	0	0	0	1	0	1	0	0	1	1	1	2	10
Scarborough Core	0	1	0	1	1	0	0	1	0	0	0	0	2	0	1	0	0	0	0	1	0	1	0	0	9
Avondale - Wards	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	0	0	1	0	2	0	8
Hull and East Riding CAMHS	1	1	0	0	0	0	1	0	1	0	0	0	0	0	1	1	1	0	0	0	0	1	0	0	8
Facilities Management	0	0	0	0	0	0	1	1	0	0	1	0	0	0	1	0	1	0	0	0	1	1	0	0	7
Haltemprice Mental Health	0	0	0	0	1	0	0	0	1	0	1	1	0	0	0	0	0	1	0	0	0	1	1	0	7
Mill View Court Adult	1	2	0	0	0	0	2	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	7
Childrens S< Hull & East Riding Service	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	0	0	5
Goole Mental Health	0	0	1	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	5
Humber Centre - Swale	1	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Specialist Psychotherapy Service	0	0	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0	1	0	1	5
Westlands Unit Nursing	0	0	1	0	0	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Bridlington & Driffield Mental Health	0	0	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	4
East Riding Core CAMHS	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1	4
Holderness Mental Health	1	0	0	0	0	0	0	0	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	4
Pine View	1	0	0	0	0	0	0	0	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	4
0-19 Health Visitors & School Nurses - East Riding North	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	3
Beverley Mental Health	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	3
East Riding Community Learning Disability	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	3
Hull Integrated Care Team for Older People	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0	3
Humber - Recovery Support Team - EIP	1	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	3
Lot 2 ER Specialist Clinical	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	3
Mental Health Liaison Service	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0	3

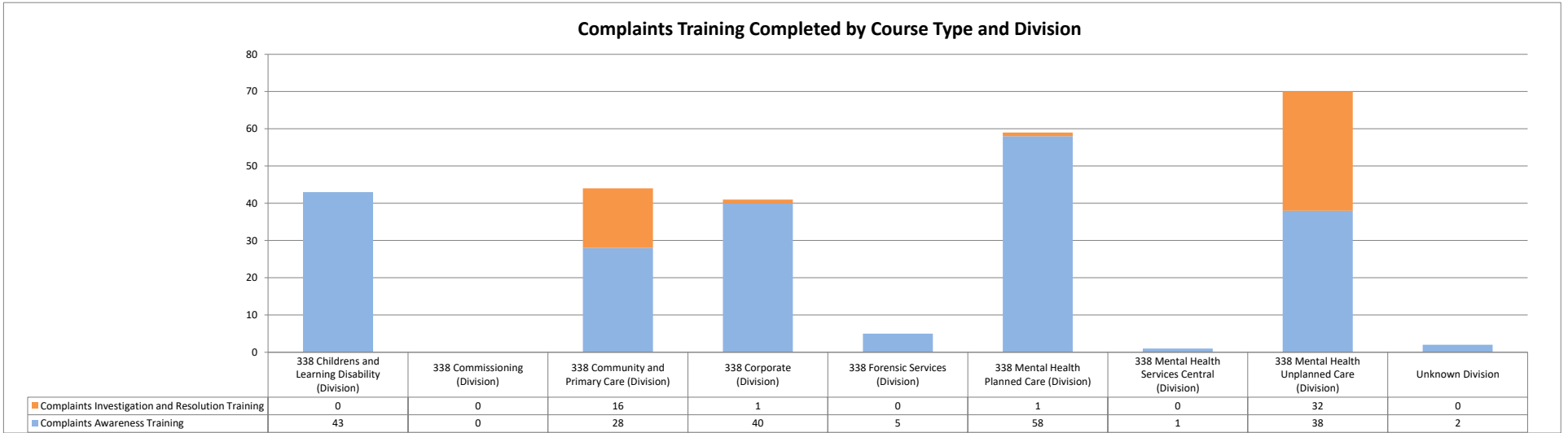
Quality Dashboard

Domain

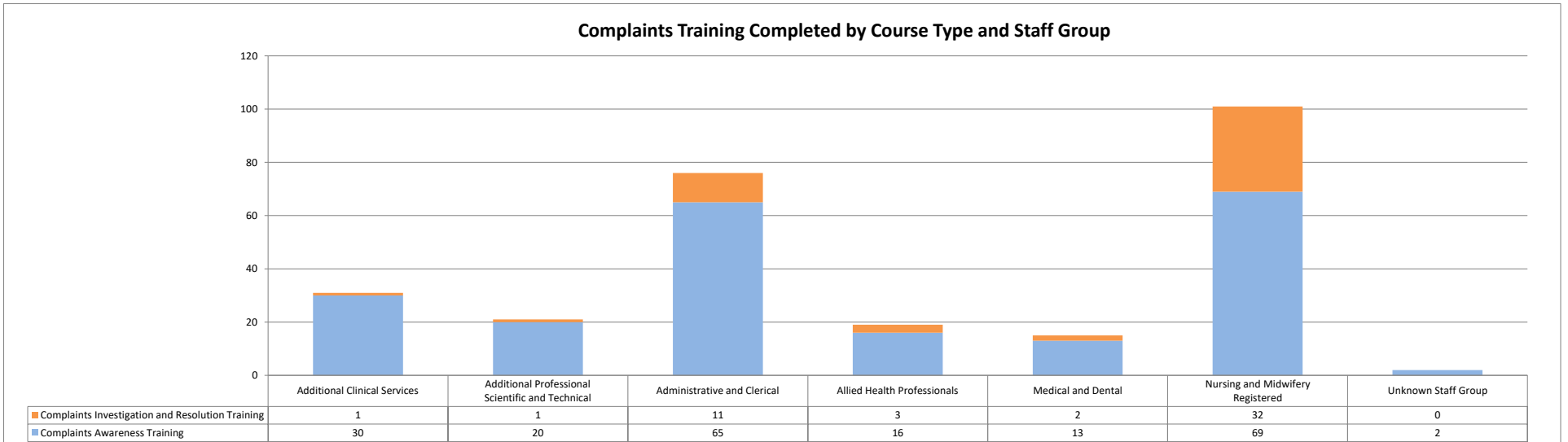
Section 1.3.5 Complaints Training

12 months rolling data

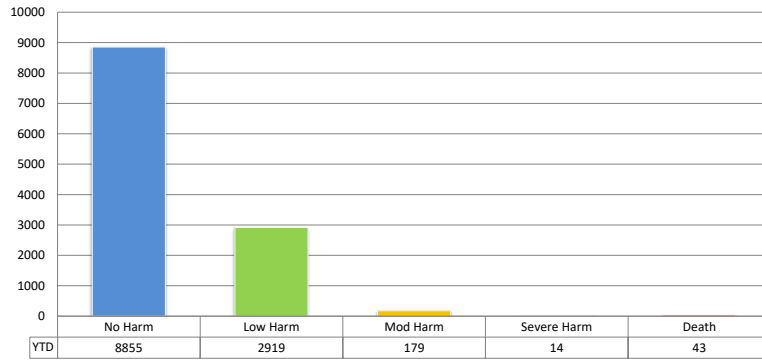
Complaints Training Completed by Course Type and Division



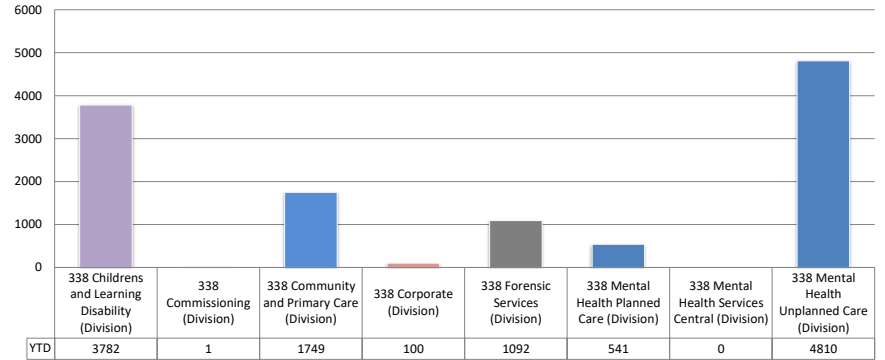
Complaints Training Completed by Course Type and Staff Group



Category of Harms Severity - Year to Date



Incidents by Division - Year to Date



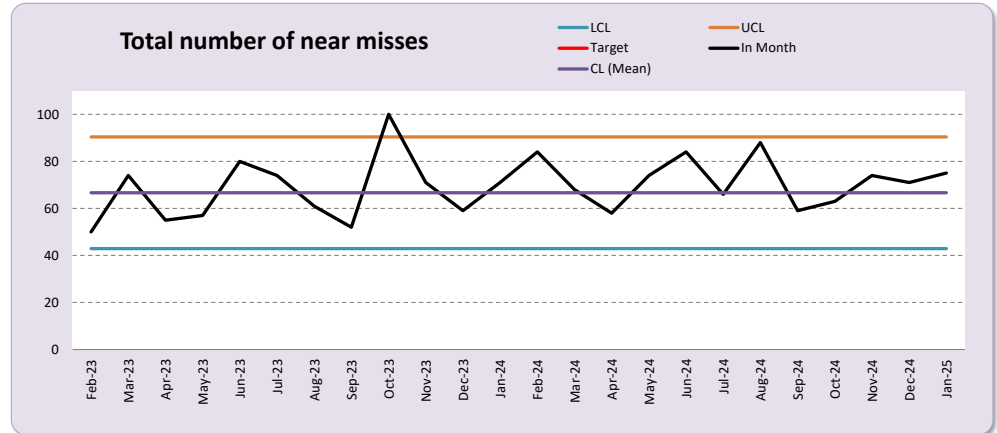
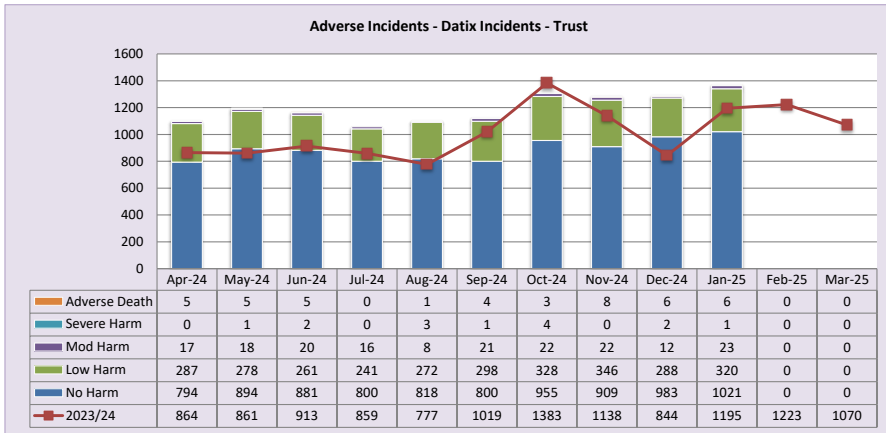
Quality Dashboard

Domain

Section 2.1

Clinical Risk

Overall Trust Position

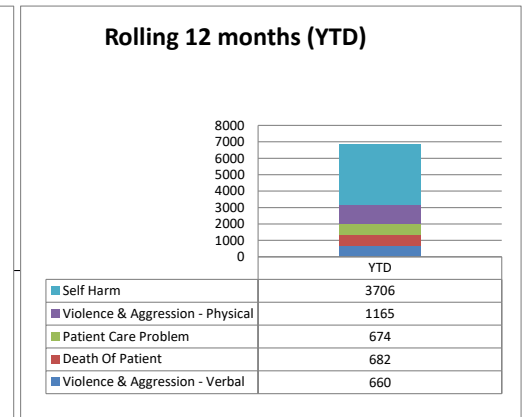
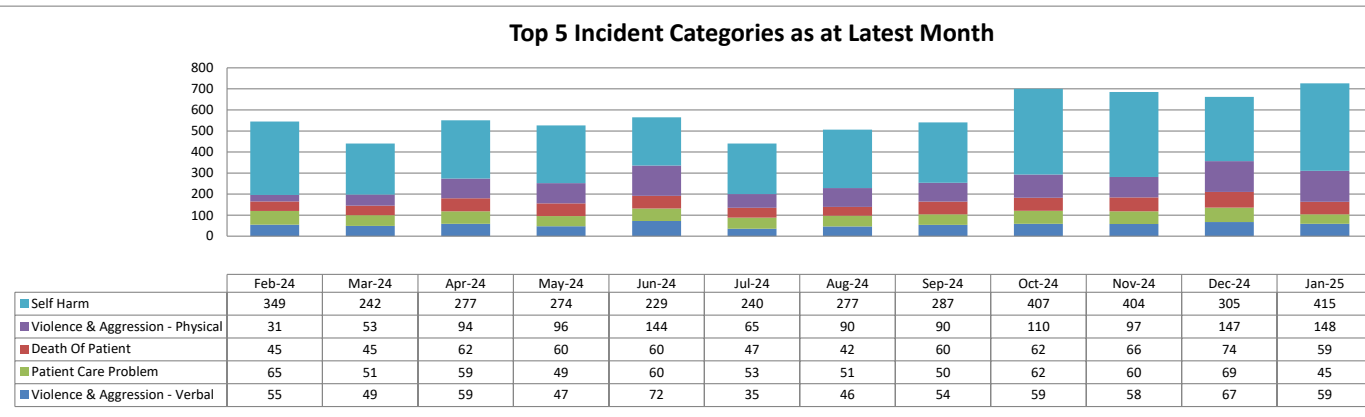


National Safety Alerts : Central Alert System (CAS)

	Dec-24	Jan-25
Number issued in month	1	0
Number applicable to HTFT	1	0
Number open pending action	0	0
Number closed in the month	1	0
Number of breaches	0	0

Incident Analysis

	Dec-24	Jan-25
Never Events	0	0
% of Harm Free Care	99.4%	99.4%
% of incidents that resulted in Severe Harm or Death	0.6%	0.5%



Quality Dashboard

Domain

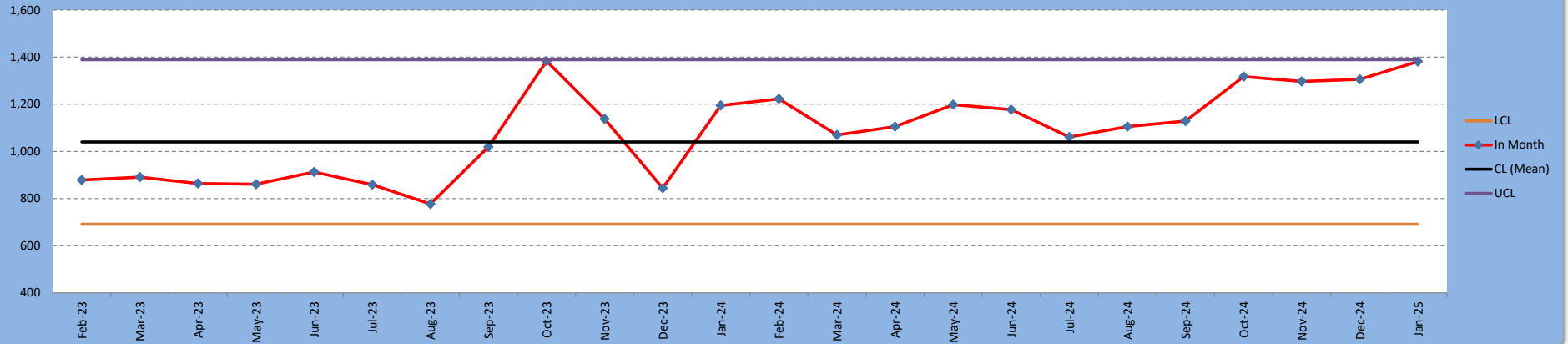
Section 2.1

Clinical Risk

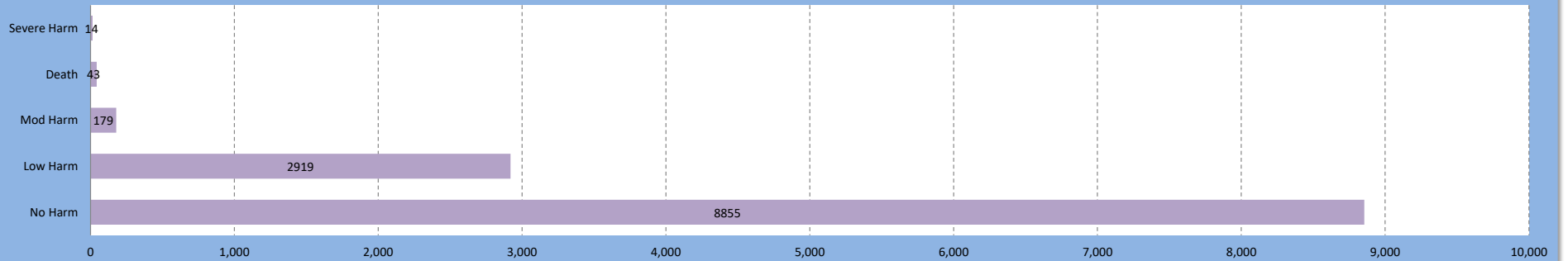
Overall Trust Position

Total Incidents Reported and Severity of incidents reported in the current financial year (YTD)

Number of Total Incidents Reported



Severity of Harm (current financial year)



Quality Dashboard

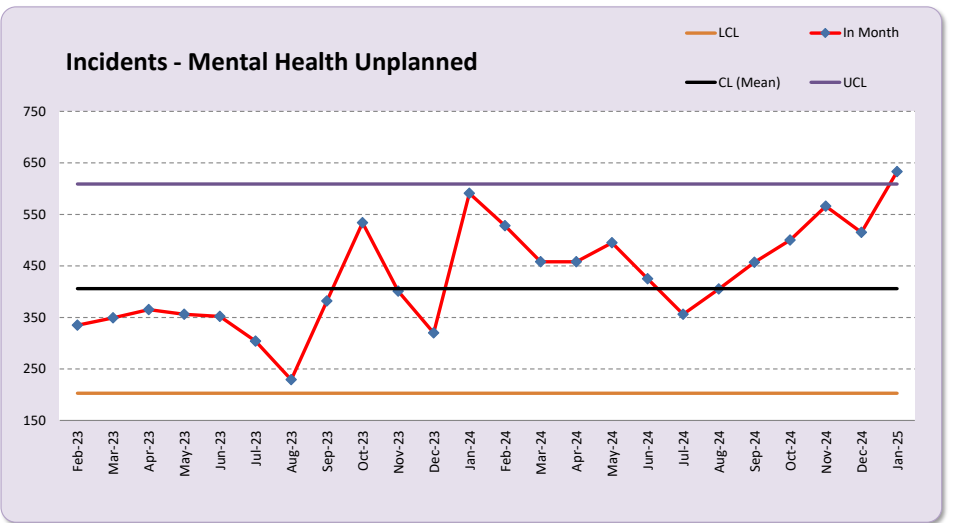
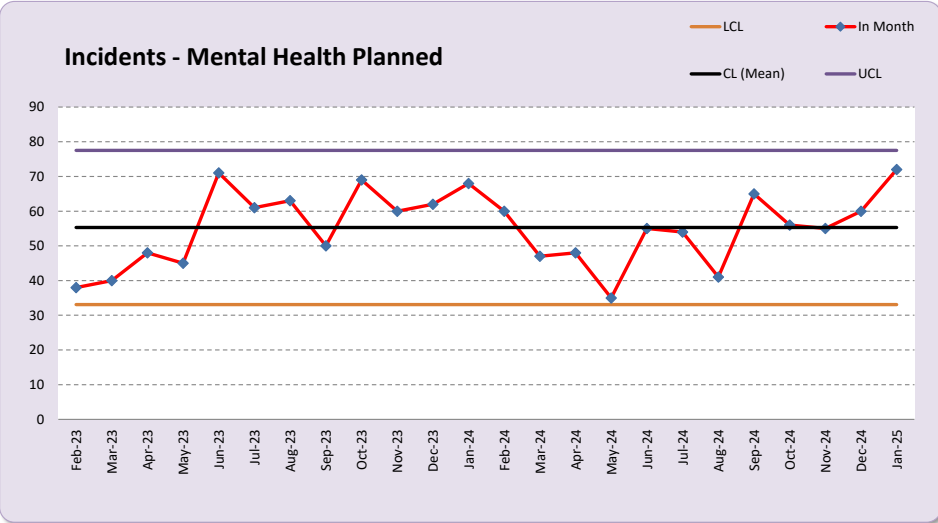
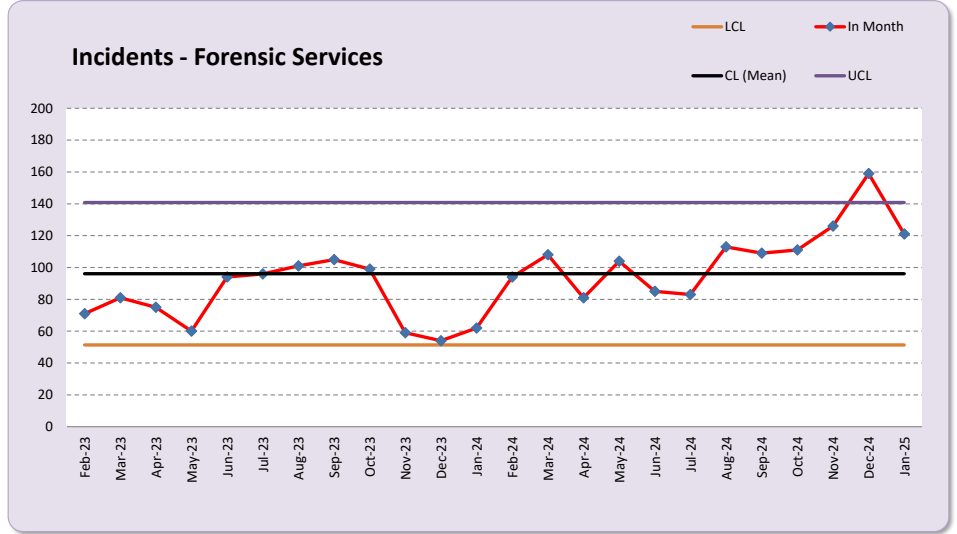
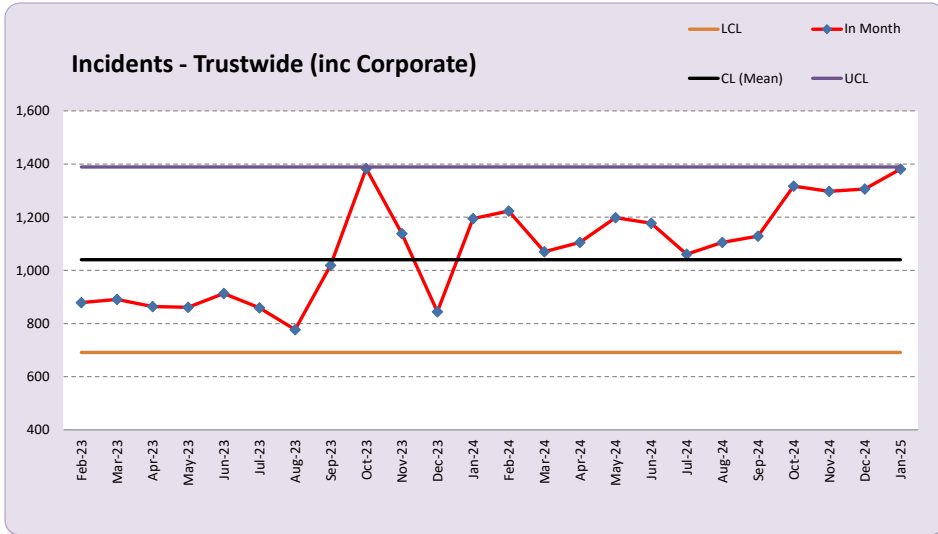
Domain

Section 2.3

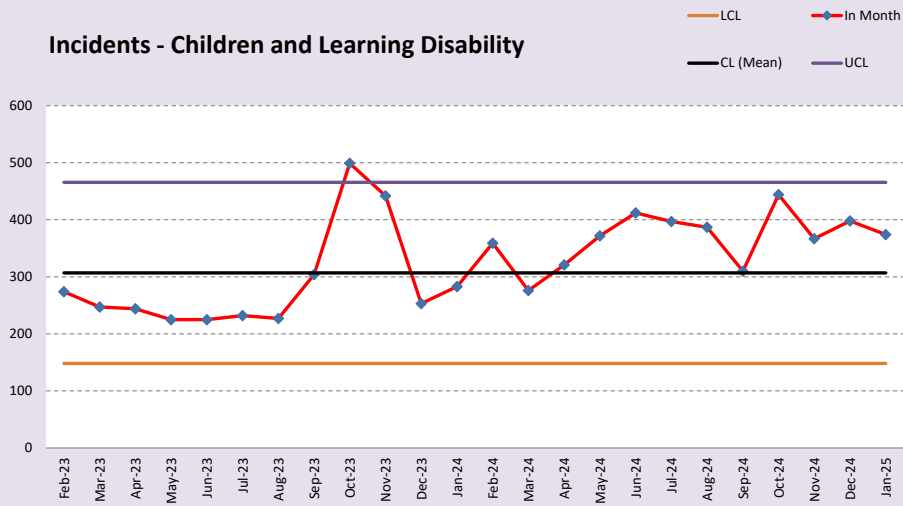
Clinical Risk

Incidents Registered by Division (Statistical Process Charts)

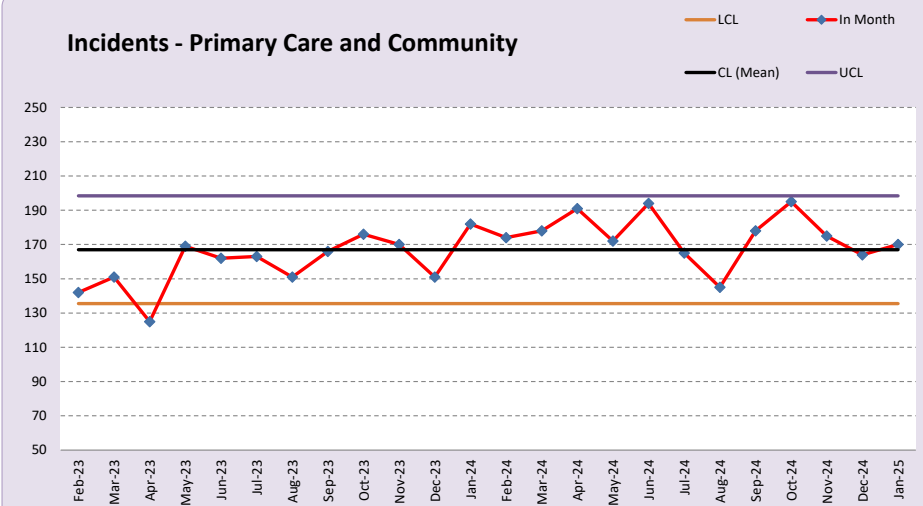
Incidents - Division SPCs



Incidents - Children and Learning Disability



Incidents - Primary Care and Community



Quality Dashboard

Domain

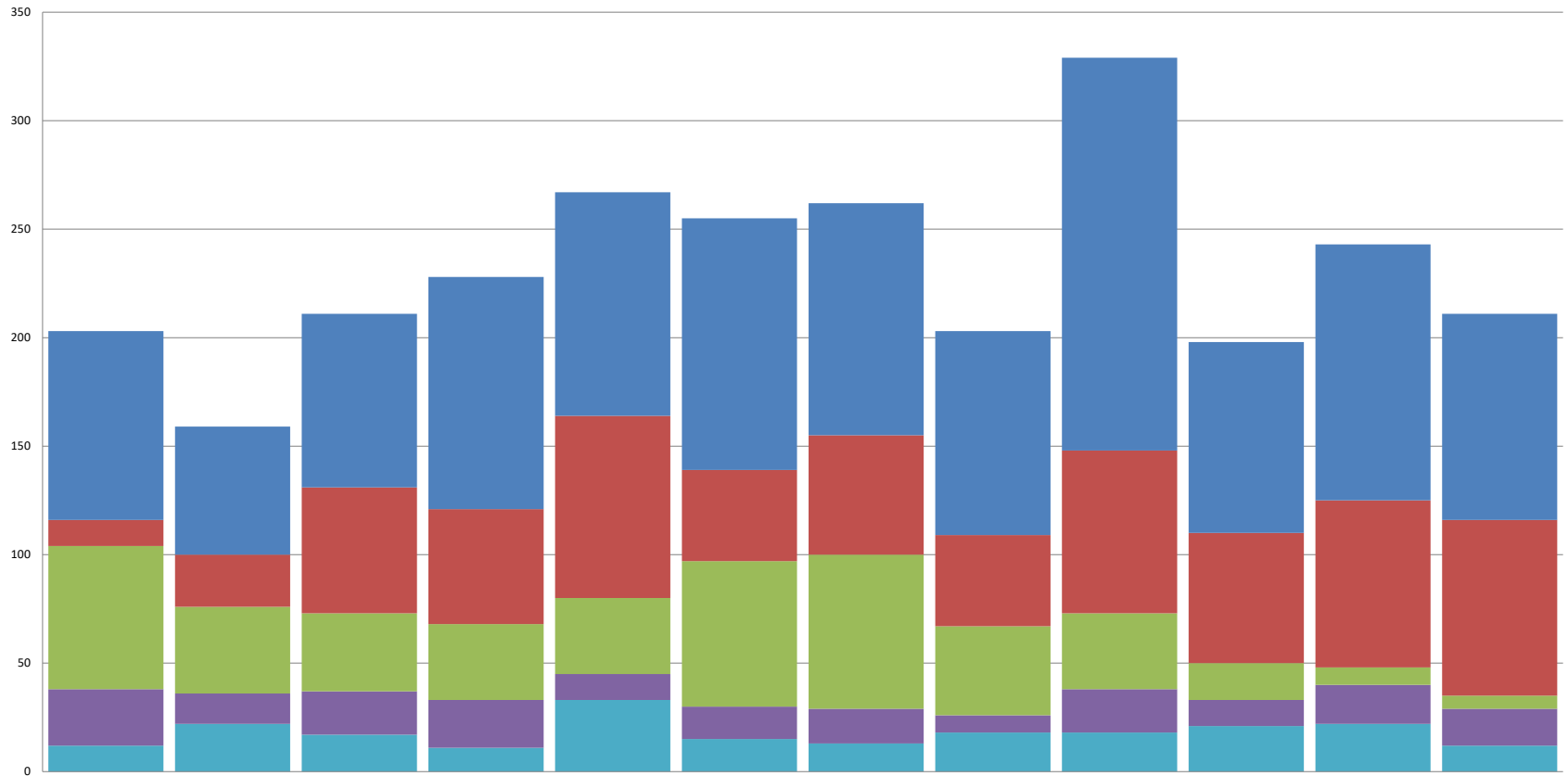
Section 2.3

Clinical Risk

Incidents by Care Group (Division) - Top 5 Categories

Incidents - Division

Childrens and Learning Disability (Division)



	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Self Harm	87	59	80	107	103	116	107	94	181	88	118	95
Violence & Aggression - Physical	12	24	58	53	84	42	55	42	75	60	77	81
Miscellaneous. Physical or MH Problems	66	40	36	35	35	67	71	41	35	17	8	6
Patient Information	26	14	20	22	12	15	16	8	20	12	18	17
Violence & Aggression - Verbal	12	22	17	11	33	15	13	18	18	21	22	12

Quality Dashboard

Domain

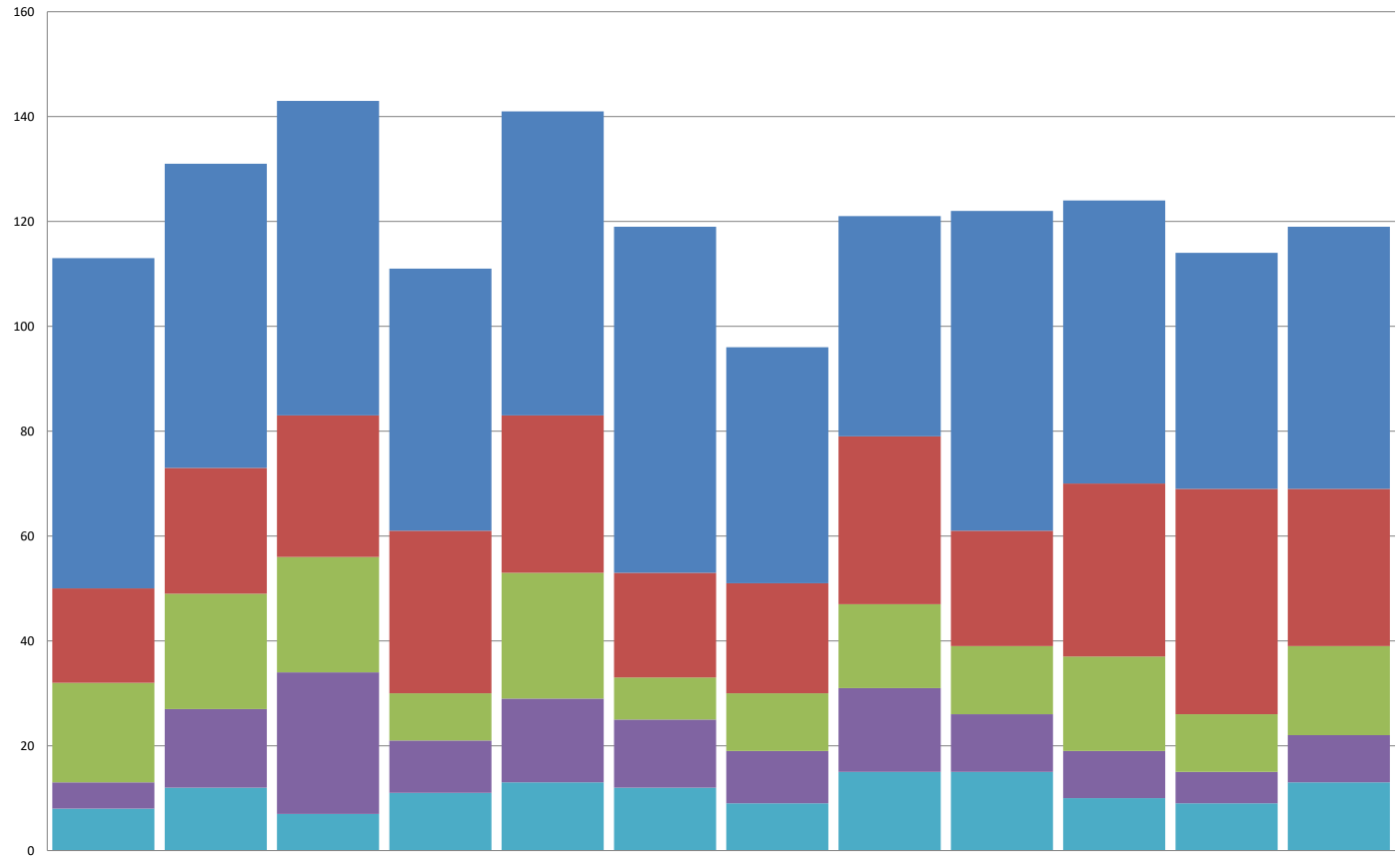
Section 2.3

Clinical Risk

Incidents by Care Group (Division) - Top 5 Categories

Incidents - Division

Community & Primary Care (Division)



	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
■ Pressure Ulcer	63	58	60	50	58	66	45	42	61	54	45	50
■ Death Of Patient	18	24	27	31	30	20	21	32	22	33	43	30
■ Problems with Admission / Discharge / Transfer	19	22	22	9	24	8	11	16	13	18	11	17
■ Patient Care Problem	5	15	27	10	16	13	10	16	11	9	6	9
■ Medication Error (Prescribing, Dispensing, Administration and Adverse Drug Reactions Only)	8	12	7	11	13	12	9	15	15	10	9	13

Quality Dashboard

Domain

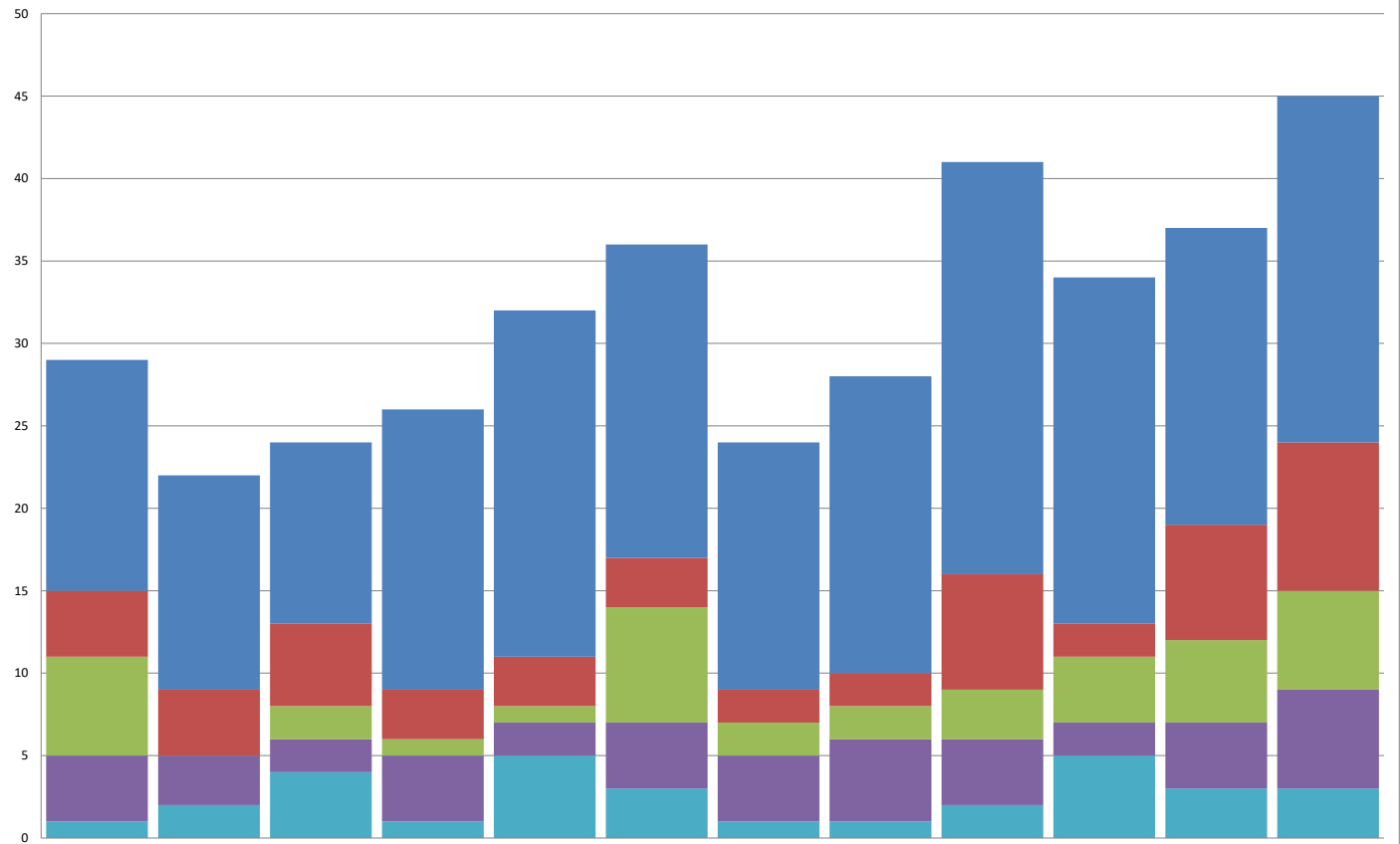
Section 2.3

Clinical Risk

Incidents by Care Group (Division) - Top 5 Categories

Incidents - Division

Mental Health Planned (Division)



	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Death Of Patient	14	13	11	17	21	19	15	18	25	21	18	21
Concern for Person(s) (inc. Neglect / Emotional Harm)	4	4	5	3	3	3	2	2	7	2	7	9
Patient Care Problem	6	0	2	1	1	7	2	2	3	4	5	6
Patient Information	4	3	2	4	2	4	4	5	4	2	4	6
Medication Error (Prescribing, Dispensing, Administration and Adverse Drug Reactions Only)	1	2	4	1	5	3	1	1	2	5	3	3

Quality Dashboard

Domain

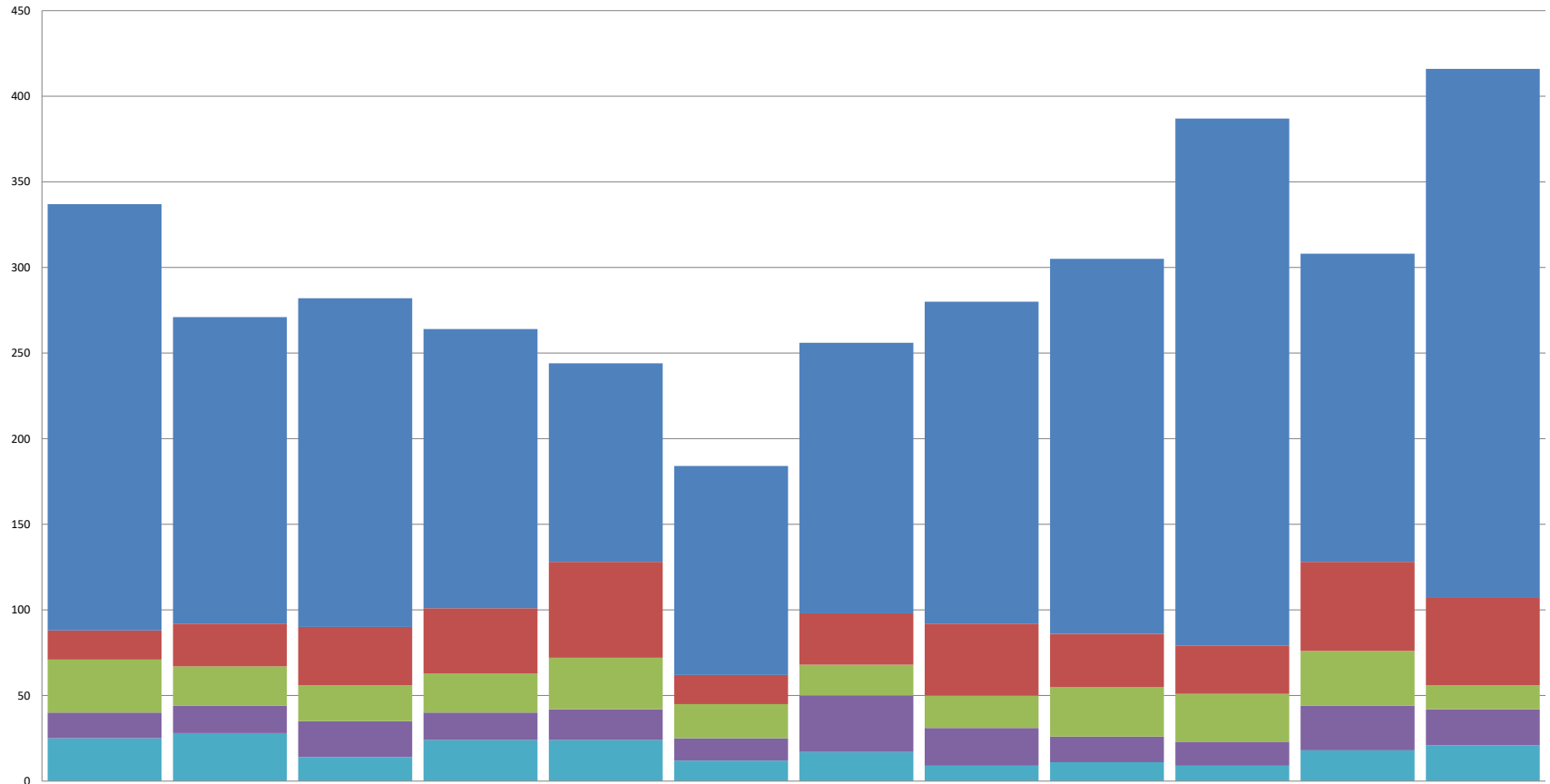
Section 2.3

Clinical Risk

Incidents by Care Group (Division) - Top 5 Categories

Incidents - Division

Mental Health Unplanned (Division)



	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Self Harm	249	179	192	163	116	122	158	188	219	308	180	309
Violence & Aggression - Physical	17	25	34	38	56	17	30	42	31	28	52	51
Patient Care Problem	31	23	21	23	30	20	18	19	29	28	32	14
Inappropriate behaviour (not violent)	15	16	21	16	18	13	33	22	15	14	26	21
Violence & Aggression - Non-Physical	25	28	14	24	24	12	17	9	11	9	18	21

Quality Dashboard

Domain

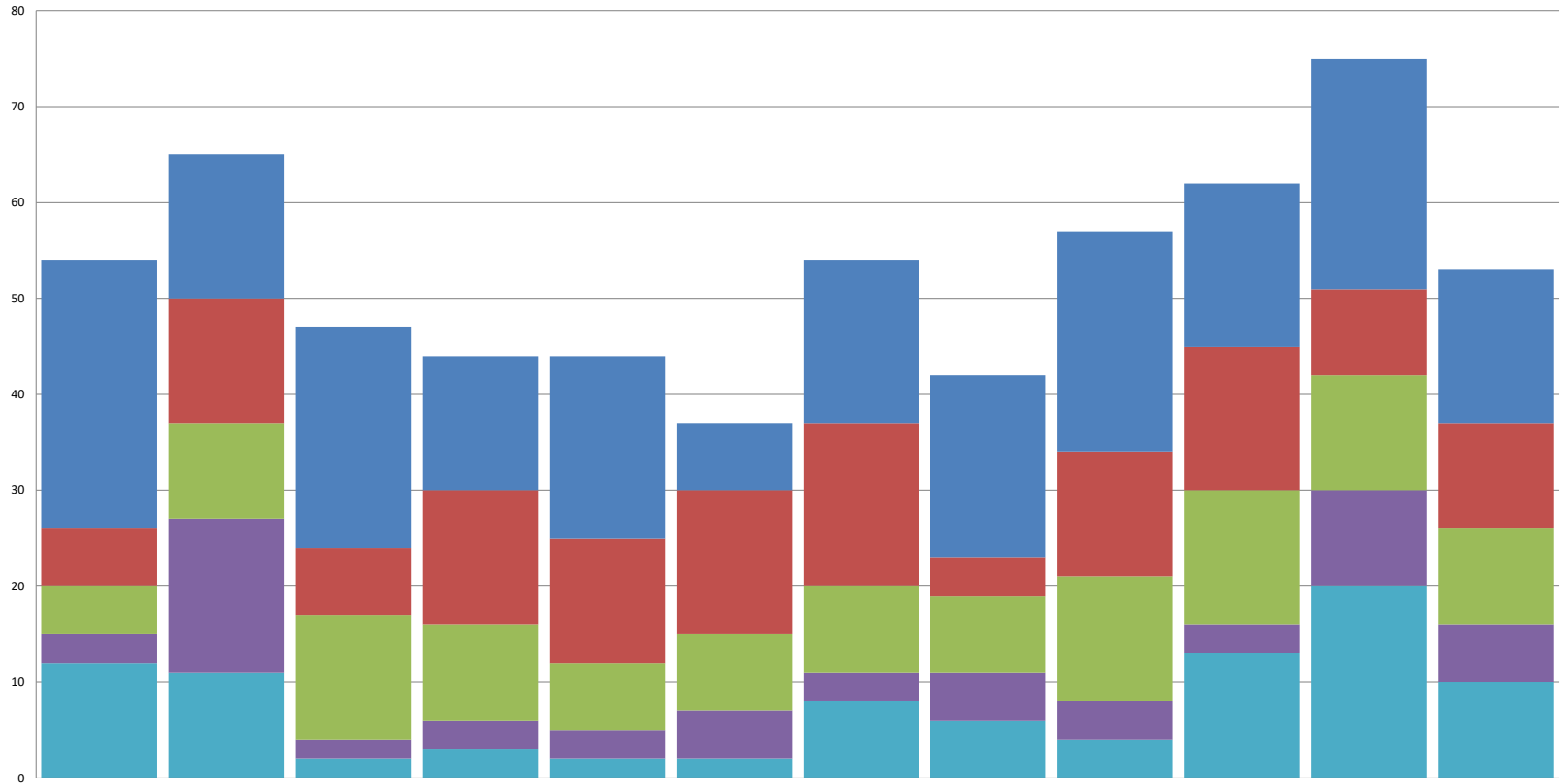
Section 2.3

Clinical Risk

Incidents by Care Group (Division) - Top 5 Categories

Incidents - Division

Secure Services (Division)



	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Violence & Aggression - Verbal	28	15	23	14	19	7	17	19	23	17	24	16
Inappropriate behaviour (not violent)	6	13	7	14	13	15	17	4	13	15	9	11
Security Incident	5	10	13	10	7	8	9	8	13	14	12	10
Staffing Level Shortage	3	16	2	3	3	5	3	5	4	3	10	6
Violence & Aggression - Non-Physical	12	11	2	3	2	2	8	6	4	13	20	10

Quality Dashboard

Domain

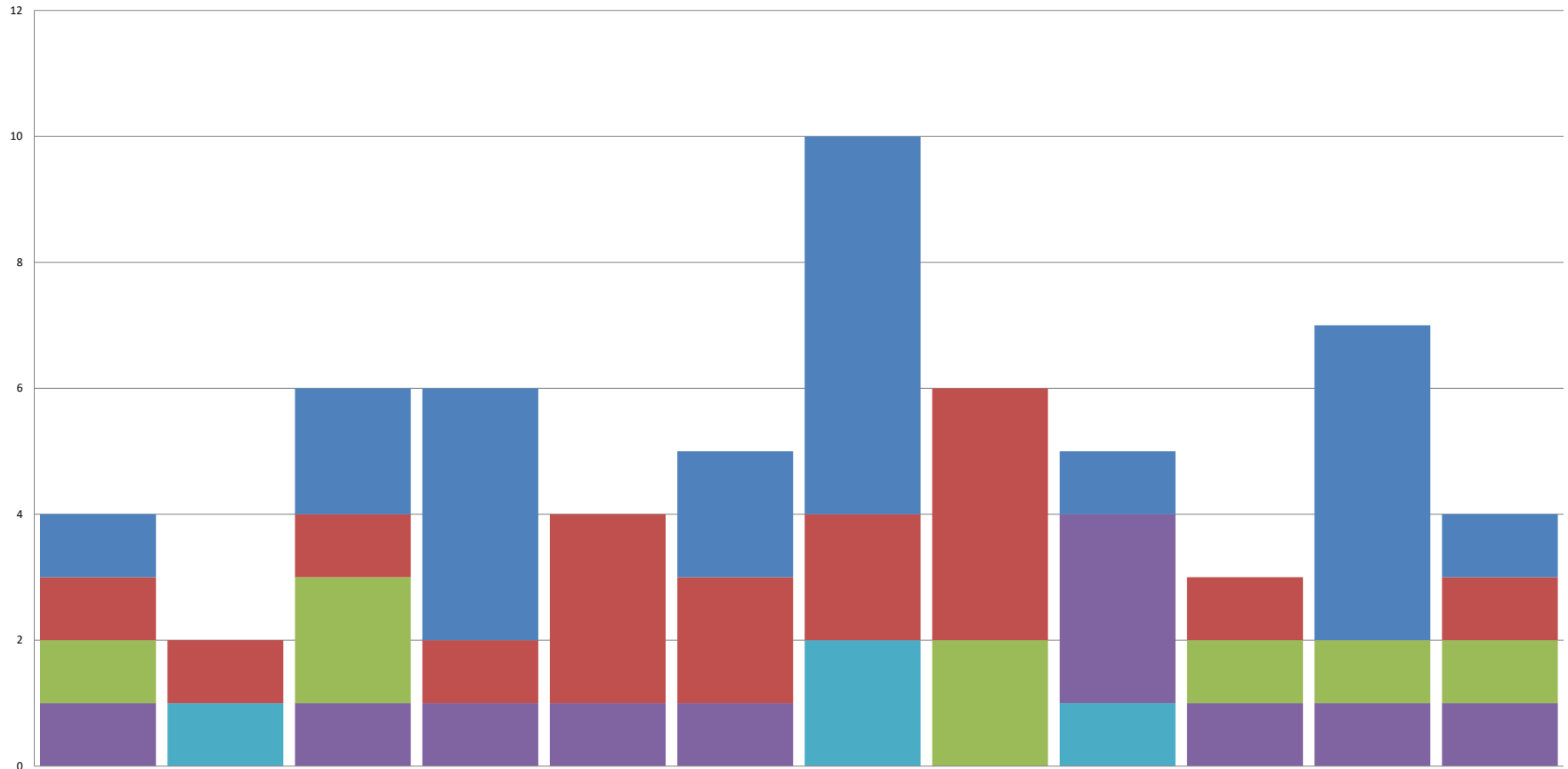
Section 2.3

Clinical Risk

Incidents by Care Group (Division) - Top 5 Categories

Incidents - Division

Corporate (Division)



	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
■ Patient Information	1	0	2	4	0	2	6	0	1	0	5	1
■ Information Incident	1	1	1	1	3	2	2	4	0	1	0	1
■ Network / System security	1	0	2	0	0	0	0	2	0	1	1	1
■ Security Incident	1	0	1	1	1	1	0	0	3	1	1	1
■ Service Delivery Issue	0	1	0	0	0	0	2	0	1	0	0	0

Quality Dashboard

Domain

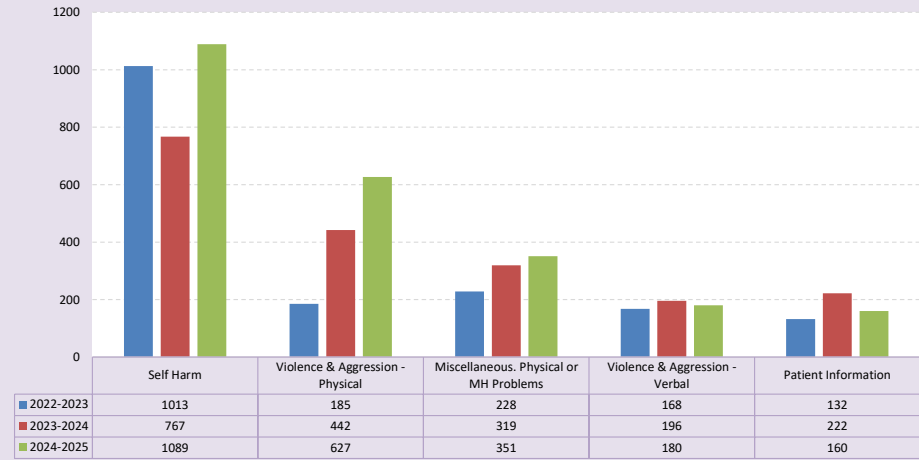
Section 2.3

Clinical Risk

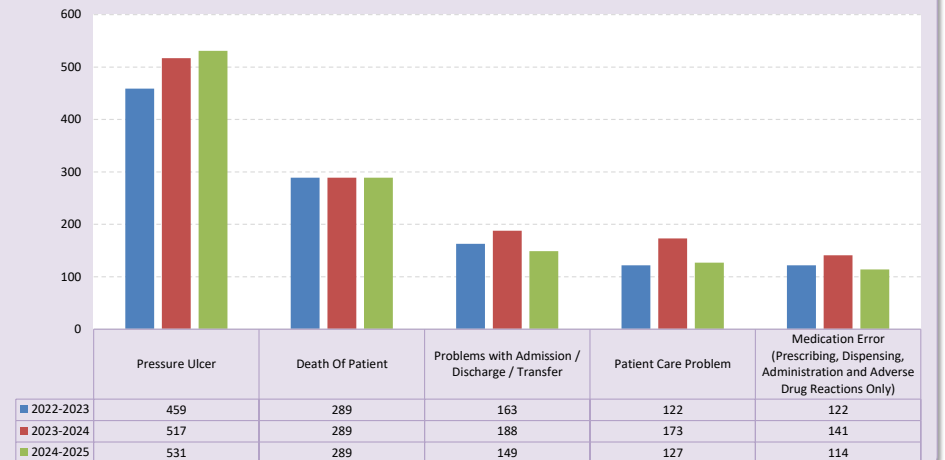
Incidents Registered by Division (by financial year)

Incidents - Division (by year)

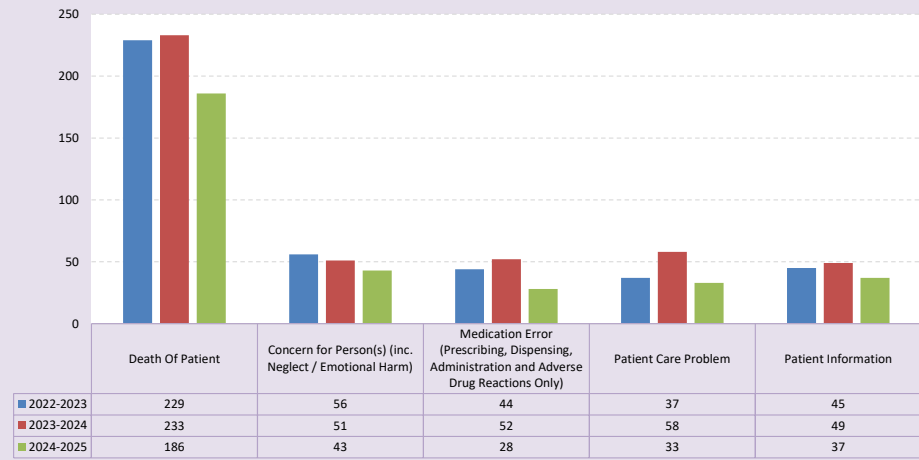
Childrens and Learning Disability (Division)



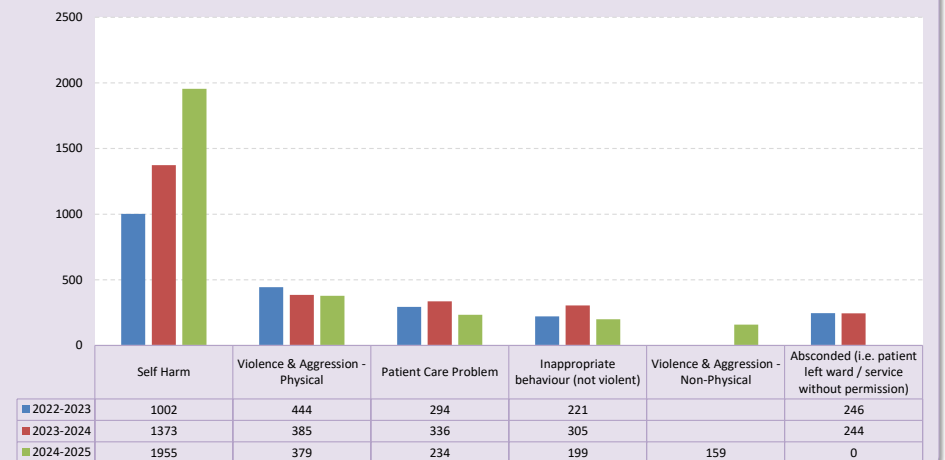
Community and Primary Care (Division)



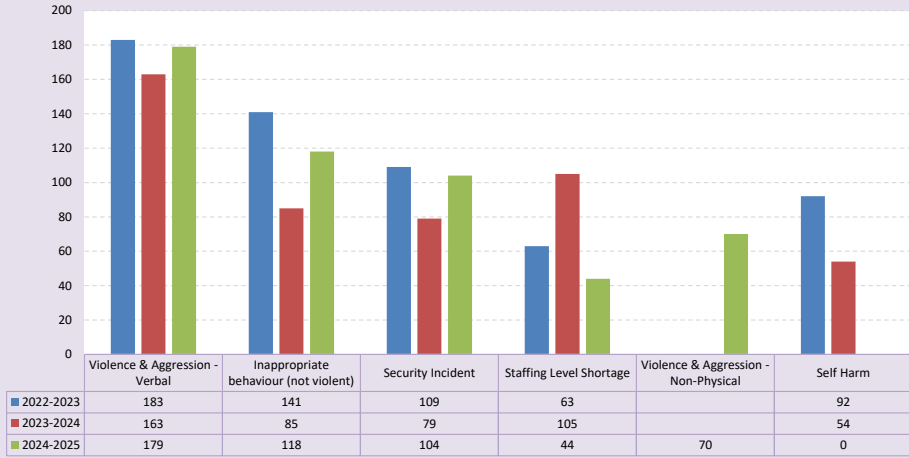
Mental Health Planned Care (Division)



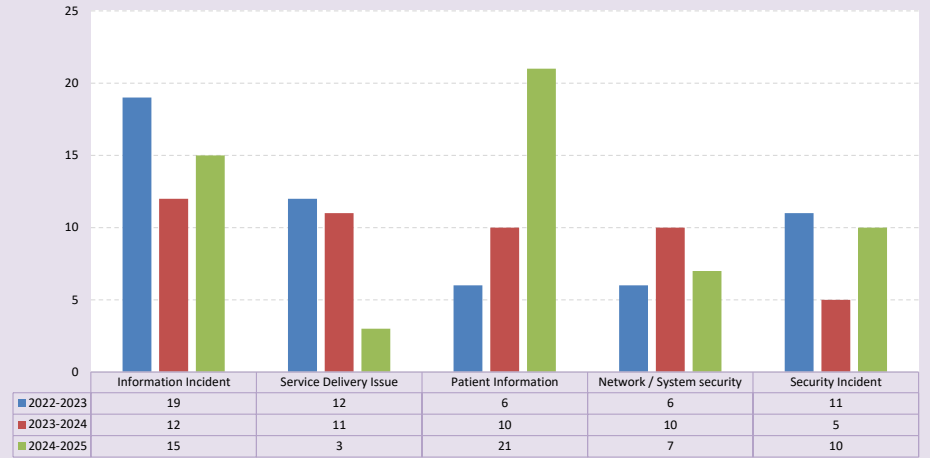
Mental Health Unplanned Care (Division)



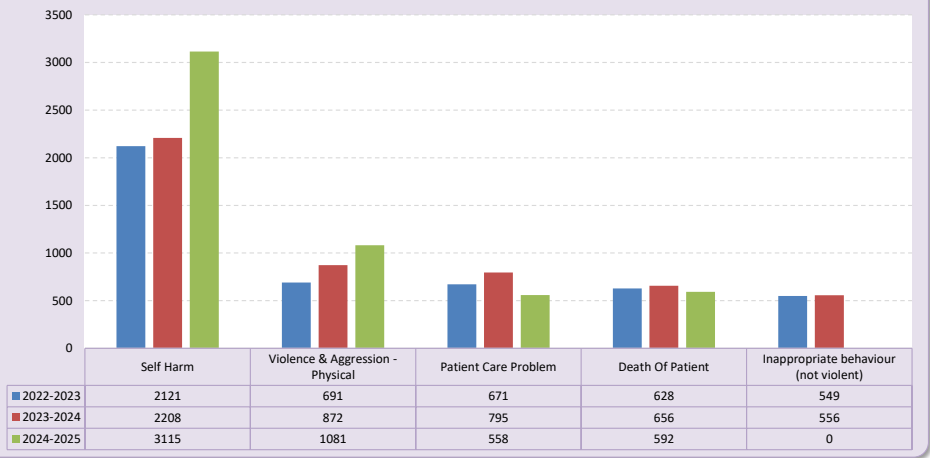
Forensic Services (Division)



Corporate (Division)



Trustwide



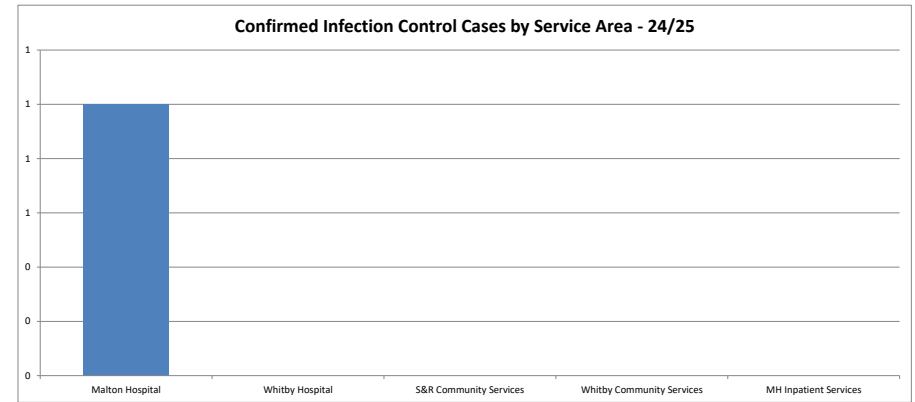
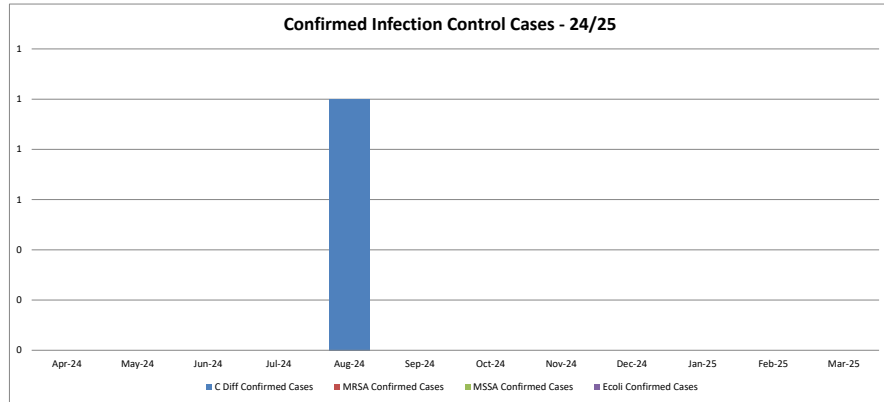
Quality Dashboard

Domain

Section 2.4

Clinical Risk - Infection Control (Report by Exception)

Quality Dashboard



Narrative, Updates and Conclusions

Q1

None reported

Q2

1 patient residing at Fitzwilliam Unit (August) yielded a positive Clostridioides difficile result. An 'after action review' is underway and any learning will be included in the next months report. The patient has recovered and has been discharged home.

Learning from the After Action Review completed following the notification of a Clostridioides difficile toxin positive result yielded from a faecal sample sent from an in-patient residing on Fitzwilliam Ward, Malton Hospital (August 2024).

All care and the management received by the patient was in accordance with the local Trust C. difficile policy and NICE national prescribing algorithm.

The patient recovered and was discharged to place of residence

Environmental cleanliness noted to be good – mirrored in the domestic cleanliness audit results at the time of acquisition.

Positive feedback provided from the patient re the level of care received.

Inconsistencies were noted with the quality of documentation however. This is currently being addressed within the unit.

Q3

Q4

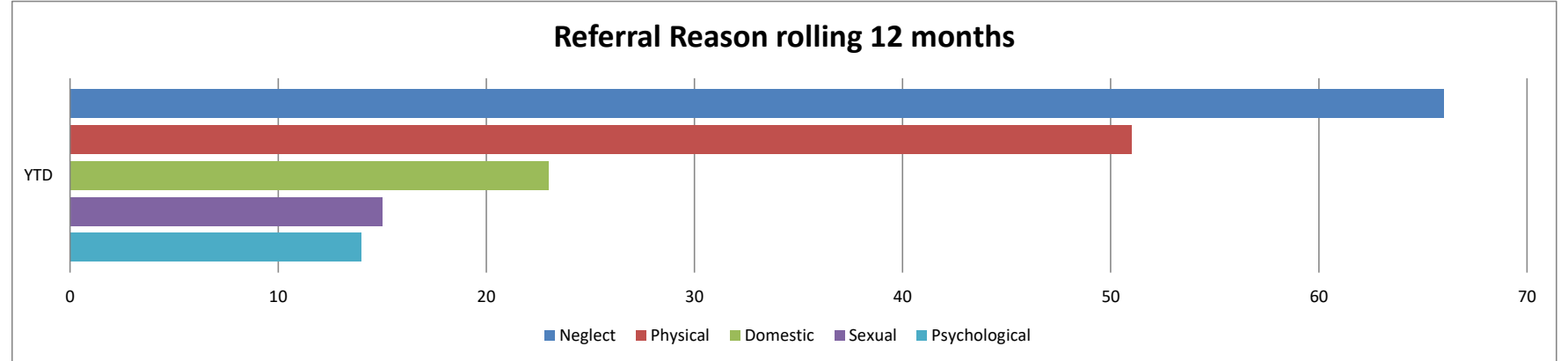
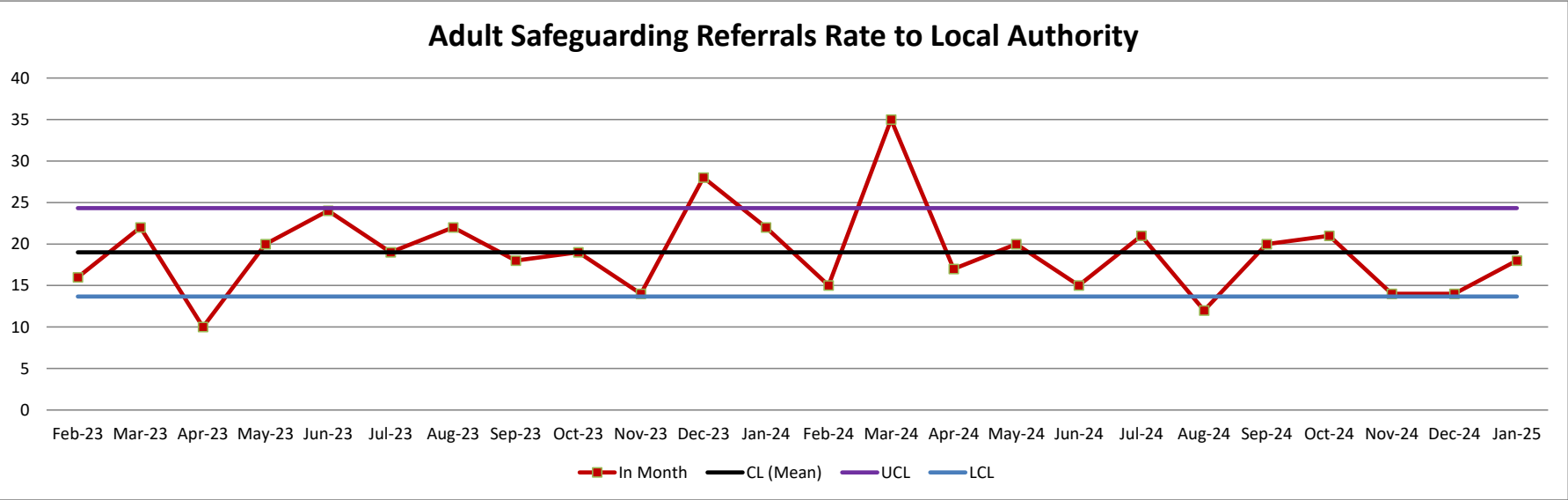
Quality Dashboard

Domain

Section 2.5

Clinical Risk

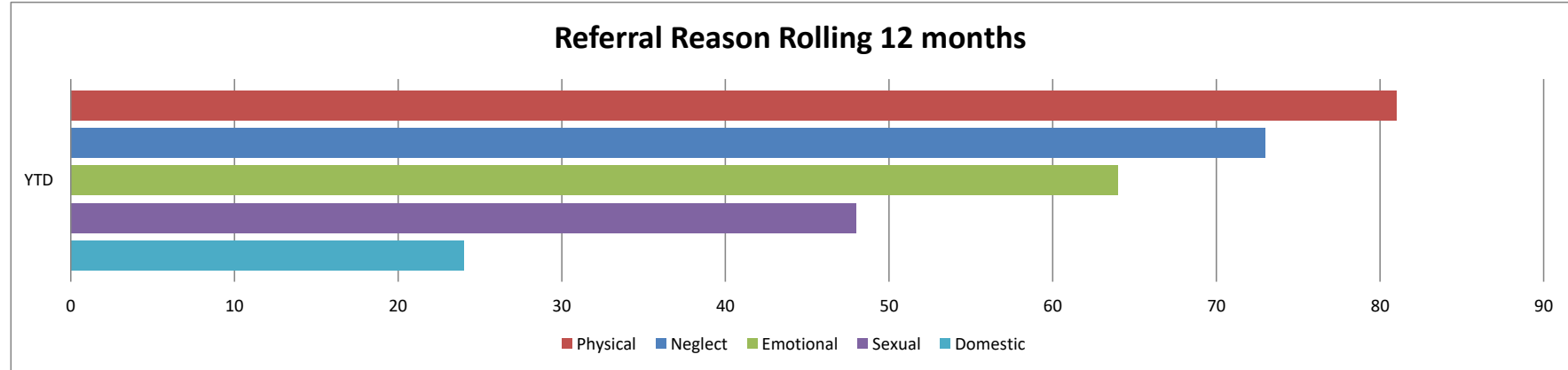
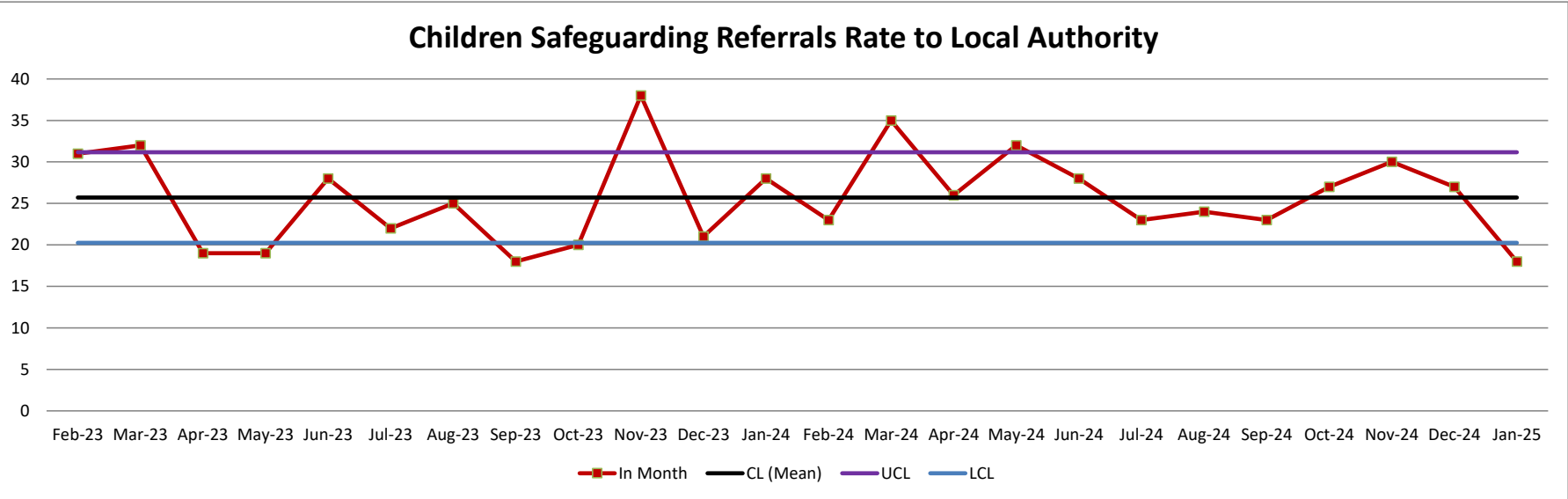
Adult Safeguarding Referrals



Quality Dashboard

Domain

Section 2.5 Clinical Risk Children Safeguarding Referrals



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Staffing and Quality Indicators	
Contract Period:	2024-25
Reporting Month:	Dec-24



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				QUALITY INDICATORS (YTD)							High Level Indicators		Indicator Totals			
	Ward	Speciality	WTE	OBDs (including leave)	CHPPD Hours (Nurse)	Improvement	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Nov-24	Dec-24
											Registered	Un Registered	Registered	Un Registered												
Adult MH	Avondale	Adult MH Assessment	33.0	64%	13.1	12.8%	1.0%	92%	103%	95%	103%	0	29	4	0	97.1%	90.7%	86.7%	94.1%	5.9%	0.0	1	1			
	New Bridges	Adult MH Treatment (M)	37.0	99%	9.5	33.1%	0.5%	110%	113%	99%	147%	1	32	1	0	90.9%	96.5%	94.4%	94.7%	13.2%	-1.0	2	2			
	Westlands	Adult MH Treatment (F)	37.0	89%	9.2	18.4%	2.7%	85%	85%	95%	112%	2	46	3	0	85.0%	90.1%	94.1%	72.2%	8.5%	-1.0	2	1			
	Mill View Court	Adult MH Treatment	32.0	97%	8.4	19.6%	3.1%	102%	100%	99%	113%	4	27	1	0	93.3%	89.4%	77.8%	71.4%	8.0%	0.8	2	2			
	STARS	Adult MH Rehabilitation	16.8	99%	16.7	20.9%	2.4%	108%	86%	102%	98%	1	5	0	0	86.7%	93.2%	66.7%	91.7%	17.3%	1.0	2	2			
	PICU	Adult MH Acute Intensive	33.3	82%	23.0	27.8%	2.4%	89%	102%	97%	120%	0	61	1	2	87.1%	89.0%	87.5%	100.0%	3.6%	1.6	0	0			
OP MH	Maister Lodge	Older People Dementia Treatment	31.8	64%	18.7	17.7%	1.0%	122%	85%	110%	126%	1	96	0	0	97.2%	93.8%	100.0%	87.0%	8.3%	1.5	1	1			
	Mill View Lodge	Older People Treatment	31.8	91%	15.6	7.2%	4.6%	70%	83%	103%	100%	0	10	0	0	87.9%	96.8%	91.7%	85.7%	9.6%	4.0	2	2			
Child & LD	Maister Court	Older People Treatment	15.4	103%	15.1	35.4%	2.1%	83%	80%	100%	99%	0	6	0	0	83.3%	91.9%	80.0%	81.8%	7.7%	3.0	2	2			
	Pine View	Forensic Low Secure	27.8	75%	10.2	41.1%	0.0%	79%	70%	90%	95%	2	1	0	8	100.0%	93.8%	91.7%	86.7%	13.9%	1.1	2	2			
	Derwent	Forensic Medium Secure	29.9	79%	22.9	44.3%	0.0%	98%	115%	103%	216%	8	15	0	0	91.3%	94.1%	91.7%	83.3%	14.2%	0.0	2	1			
	Ouse	Forensic Medium Secure	25.6	93%	6.9	13.6%	0.0%	88%	94%	109%	102%	2	3	2	0	91.7%	94.9%	90.0%	93.3%	11.2%	-0.8	1	2			
	Swale	Personality Disorder Medium Secure	28.5	87%	9.3	23.6%	0.0%	105%	80%	116%	92%	3	4	2	0	100.0%	98.4%	100.0%	100.0%	9.0%	0.0	2	1			
	Ullswater (10 Beds)	Learning Disability Medium Secure	28.2	90%	15.2	34.0%	0.0%	97%	153%	124%	131%	3	25	1	2	84.6%	93.3%	100.0%	76.5%	16.4%	-0.7	1	1			
CH	Townend Court	Learning Disability	48.1	42%	31.3	14.6%	4.3%	52%	99%	93%	108%	7	475	0	0	93.3%	91.6%	75.0%	66.7%	12.3%	1.4	3	2			
	Inspire	CAMHS	49.0	72%	36.8	16.9%	6.5%	107%	120%	101%	133%	1	14	0	0	100.0%	92.0%	89.5%	85.7%	7.6%	-0.5	0	1			
	Granville Court	Learning Disability Nursing Care	52.1	69%	20.3	24.0%	0.0%	120%	97%	106%	103%	0	2	0	0	94.1%	96.8%	85.7%	87.5%	11.9%	-1.4	1	1			
CH	Whitby Hospital	Physical Health Community Hospital	31.1	81%	8.9	2.8%	0.0%	86%	76%	100%	100%	6	1	0	0	87.5%	91.9%	76.5%	60.0%	5.0%	1.3	0	1			
	Malton Hospital	Physical Health Community Hospital	31.8	80%	7.7	17.8%	0.0%	88%	83%	106%	94%	1	1	1	0	100.0%	90.1%	93.3%	82.4%	4.4%	0.7	0	0			

	Target met		Within 5% of target		Target not met
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Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : Dec

16 units are flagging red for sickness in December, up from 15 in November. The number of units with sickness rates above 10% has increased to 8 from 6 in November with 2 units with a sickness rate above 15% (STaRS and Ullswater).

There are no units with more than 2 red flags.

CHPPD is strong across all units with all but Malton achieving their target CHPPD. Malton is slightly under target at 7.7 however this has been noted in the recent Safer Staffing 6 month report with a plan to introduce the Safer Nursing Care Tool (SNCT) on which an evidenced based recommended CHPPD can be made. Malton continues to benchmark positively against regional peers.

Despite challenges with sickness, fill rates remain strong. MVL and TEC are under the lower target threshold of 75% for RNs on days. TEC continue to have low bed occupancy 42% and a strong CHPPD (31.3) and MVL CHPPD remains consistently above their CHPPD target.

Mandatory training (all) is again above 85% for all units.

Whitby is below the lower threshold for BLS, down from 66.7% in November to 60% in December. Westlands remain below target but have improved since November. MVC remains the same at 71.4%. ILS compliance is above target for all unit with the exception of STaRS which remains under target for the second month.

Overall compliance with clinical supervision remains consistently strong. Maister Court and Ullswater are under slightly under the target of 75%. Maister Lodge and Mill View Lodge had nil returns in November however both are above target for December. Derwent has recovered their position to above to above 90%.

The CHPPD RAG ratings are following discussions with and agreed by EMT in November 2022. Breakdowns are as follows:

Red RAG falls below the lowest rating, Green RAG is greater than the highest rating. Amber RAG falls between

Red RAG	Green RAG	Units applied (Note: Some thresholds were changed for June data (Townend, Ullswater and Malton))
<=4.3	>=5.3	STaRS
<=5.3	>=6.3	Pine view, Ouse
<=7	>=8	New Bridges, Westlands, Mill View Court, Swale, Whitby, Malton
<=8	>=9	Avondale
<=9.3	>=10.3	Maister Lodge, Maister Court, Derwent, Inspire, Granville
<=10.5	>=11.5	Mill View Lodge
<=11.0	>=12.0	Ullswater
<=15.6	>=16.6	PICU
<=27.0	>=28.0	Townend Court

Registered Nurse Vacancy Rates (Rolling 12 months)

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
11.25%	11.00%	9.56%	9.10%	9.59%	9.66%	10.20%	10.28%	8.92%	6.80%	6.30%	7.39%

Slips/Trips and Falls (Rolling 3 months)

	Oct-24	Nov-24	Dec-24
Maister Lodge	8	4	8
Millview Lodge	2	11	3
Malton IPU	0	2	4
Whitby IPU	1	8	3

Malton Sickness % is provided from ESR as they are not on Health Roster

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING COMMUNITY DASHBOARD

Contract Period:
Reporting Month:

Staffing and Quality Indicators

2024-25

Dec



Humber Teaching
NHS Foundation Trust

Area	Team	Speciality	Workforce Indicators						Quality Indicators						Trend	
			WTE in post	Vacancies Budget - WTE	Sickness	Bank Spend £	Agency Spend £	Mandatory Training Overall	Clinical Supervision	Friends and Family YTD Responses	Friends and Family YTD %	Serious Incidents (reported to STEIS) YTD	Complaints Upheld (wholly or in part) YTD	Nov-24	Dec-24	
Adult MH Services	Mental Health Response Service	Adult Crisis	57.9	14.3%	⊗ 9.4%	£30,094	£5,662	✓ 91.7%	⊗ 73.5%	14	⊗ 78.6%	0	1	✓ 1	⚠ 3	
	Hull East Mental Health Team	Hull Adult MHT	31.7	19.5%	⊗ 20.8%	£845	£0	✓ 89.6%	⊗ 62.5%	2	⊗ 50.0%	0	0	✓ 1	⚠ 3	
	Hull West Mental Health Team	Hull Adult MHT	13.5	12.2%	⊗ 11.3%	£0	£0	✓ 93.6%	⊗ 20.0%	0	NS	0	2	⚠ 2	⚠ 2	
	Beverley Mental Health Team	ER Adult MHT	6.6	10.4%	✓ 0.3%	£280	£0	✓ 92.7%	✓ 100.0%	0	NS	0	0	✓ 0	✓ 0	
	Goole Mental Health Team	ER Adult MHT	9.4	1.6%	✓ 2.7%	£0	£0	✓ 94.7%	✓ 100.0%	2	✓ 100.0%	0	0	✓ 0	✓ 0	
	Haltemprice Mental Health Team	ER Adult MHT	11.1	-6.3%	✓ 1.4%	£1,042	£0	✓ 97.7%	⊗ 75.0%	0	NS	0	1	✓ 1	✓ 1	
	Holderness Mental Health Team	ER Adult MHT	12.0	8.5%	⊗ 10.7%	£2,004	£0	✓ 92.4%	✓ 100.0%	0	NS	0	0	✓ 1	✓ 1	
Older People MH Services	Bridlington & Driffield MHT	ER Adult MHT	15.7	2.1%	✓ 4.0%	£1,526	£0	✓ 94.4%	✓ 100.0%	2	✓ 100.0%	0	0	✓ 0	✓ 0	
	Crisis Intervention Team for Older People (CITOP)	OP Crisis	19.9	23.1%	⊗ 6.4%	£4,578	£0	✓ 97.8%	✓ 100.0%	1	✓ 100.0%	0	0	✓ 0	✓ 1	
	Hull Intensive Care Team for Older People (HICTOP)	Hull OP CMHT	21.1	11.7%	✓ 0.4%	£0	£0	✓ 93.5%	✓ 100.0%	2	✓ 100.0%	0	0	✓ 0	✓ 0	
	Beverley and Haltemprice OP CMHT	ER OP CMHT	7.4	16.3%	✓ 2.5%	£1,590	£0	✓ 98.3%	✓ 100.0%	5	✓ 100.0%	0	2	✓ 1	✓ 0	
	Bridlington & Driffield OP CMHT	ER OP CMHT	7.3	10.7%	⊗ 9.6%	£95	£0	✓ 94.5%	✓ 90.0%	2	✓ 100.0%	0	0	✓ 0	✓ 1	
	Goole & Pocklington OP CMHT	ER OP CMHT	7.1	0.0%	✓ 3.6%	£0	£0	✓ 92.8%	✓ 100.0%	6	✓ 100.0%	0	0	✓ 0	✓ 0	
Universal	Holderness OP Community Team	ER OP CMHT	4.4	11.5%	⊗ 23.3%	£0	£0	✓ 94.7%	⚠ 83.3%	4	✓ 100.0%	0	0	✓ 0	✓ 1	
	Early Intervention in Psychosis	14-65 MHT	28.9	6.9%	⊗ 15.1%	£0	£0	✓ 89.0%	✓ 92.6%	0	NS	0	0	✓ 1	✓ 1	
Community Services	Hospital Mental Health Team	Liaison Services	36.0	8.4%	⊗ 6.0%	£0	£28,496	✓ 93.4%	⊗ 78.9%	1	✓ 100.0%	0	0	✓ 0	⚠ 2	
	Ryedale Team	Comm Services	22.0	-3.8%	✓ 0.8%	£0	£0	✓ 95.1%	✓ 100.0%	2	✓ 100.0%	0	0	✓ 0	✓ 0	
	Scarborough Hub	Comm Services	61.3	12.4%	⊗ 8.1%	£11,728	£3,029	✓ 86.7%	✓ 89.4%	0	NS	0	0	✓ 0	✓ 1	
	Whitby Community Nurses	Comm Services	29.0	12.8%	✓ 4.5%	£1,091	£2,938	✓ 95.3%	✓ 100.0%	0	NS	0	0	✓ 0	✓ 0	
	Pocklington Nurses	Comm Services	17.9	7.3%	⊗ 5.7%	£1,636	£0	⚠ 83.4%	✓ 100.0%	0	NS	0	0	✓ 1	✓ 1	

Points of Note:

Complaints - Zero figures indicate at least one complaint was made but not upheld. Figures above zero indicate these complaints were either Upheld or Partly Upheld. These incur a Red flag.

Active Caseload - patients seen at least once for treatment within the team. ER Adult Teams do not have the local authority staffing numbers included.

No returns for clinical supervision will incur a Red Flag

FFT % results based on the number of responses received with a satisfactory outcome

Waiting Assessment - Total number of patients not seen for assessment

Divisional General Managers

Children's and Learning Disability : Justine Rooke
Primary Care and Community Services : Matthew Handley
Mental Health Services Planned : Sarah Bradshaw
Mental Health Services Unplanned : Adrian Elsworth
Specialist Services : Paula Phillips

